

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT# N97000001983	
1. Entity Name CENTRAL PARK VILLAGE YOUTH SERVICES, INC.	

Principal Place of Business 1320 E 9TH AVE TAMPA, FL 33605 US	Mailing Address PO BOX 5238 TAMPA, FL 33675 US
---	--

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3478148	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENTLEY, MARK ESQUIRE
 201 NORTH FRANKLIN STREET
 SUITE 2200
 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAPITANO, SR, JOSEPH 1302 N. 19TH ST., STE 300 TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MORRICK, RONALD J 730 S. STERLING AVE, STE. 200 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BENTLEY, MARK ESQUIRE 201 N FRANKLIN ST, SUITE 2200 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIGGINS, LAWRENCE 5225 N HIMES AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, ROBERT 40 RANCH RD THONOTOSASSA, FL 33592
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELLSASSER, ED 5450 BEAUMONT CTR BLVD TAMPA, FL 33634

000000579079
 01/09/07-80054-017 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: Joseph Capitano, Sr. *Joseph Capitano Sr* 1-5-07 813-342-3612
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR Date Daytime Phone #