

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002656

1. Entity Name
COMMUNITY YOUTH TRUST, INC.



Principal Place of Business

**909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547-6711**

Mailing Address

**909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547-6711**



01032006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3452554

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCINNIS, C. JEFFREY
909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 32547-6711**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000444697
03/07/06-80012-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEMBY, WILLIAM R
STREET ADDRESS	1687 VINE AVE.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	DRAKE, COZETTE R
STREET ADDRESS	1545 RUCKEL DR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	STEWART, BECKY M
STREET ADDRESS	2016 LYONS RIDGE RD
CITY-ST-ZIP	KNOXVILLE, TN 37919
TITLE	PD
NAME	HEMBY, PATRICIA S
STREET ADDRESS	1821 E JOHN SIMS PKWY
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	STD
NAME	MCINNIS, C. JEFFREY
STREET ADDRESS	909 MAR WALT DR SUITE 1014
CITY-ST-ZIP	FT WALTON BEACH, FL 325476711
TITLE	D
NAME	MILLER, SANDRA B
STREET ADDRESS	8 BLUEWATER PT., RD.
CITY-ST-ZIP	NICEVILLE, FL 32578

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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 empowered.

SIGNATURE: *Patricia S. Hembly* **Patricia S. HEMBLY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06 850-678-5178

Date

Daytime Phone #