2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# N97000002656

Entity Name: COMMUNITY YOUTH TRUST, INC.

Current Principal Place of Business:

909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 325476711

New Principal Place of Business:

Current Mailing Address:

909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 325476711

New Mailing Address:

FEI Number: 59-3452554 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY
909 MAR WALT DR
SUITE 1014
FT WALTON BEACH, FL 325476711 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	(X) Delete
Name:	HEMBY, WILLIAM R	
Address:	1687 VINE AVE.	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	D	( ) Delete
Name:	DRAKE, COZETTE R	
Address:	1545 RUCKEL DR.	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	D	( ) Delete
Name:	STEWART, BECKY M	
Address:	2016 LYONS RIDGE RD	
City-St-Zip:	KNOXVILLE, TN 37919 US	
Title:	PD	( ) Delete
Name:	HEMBY, PATRICIA S	
Address:	1821 E JOHN SIMS PKWY	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	STD	( ) Delete
Name:	MCINNIS, C. JEFFREY	
Address:	909 MAR WALT DR SUITE 1014	
City-St-Zip:	FT WALTON BEACH, FL 325476711 US	
Title:	D	( ) Delete
Name:	MILLER, SANDRA B	
Address:	8 BLUEWATER PT., RD.	
City-St-Zip:	NICEVILLE, FL 32578 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA S. HEMBY PD 03/15/2007

Electronic Signature of Signing Officer or Director — Date