

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90042 043 \*\*\*\*70.00

**DOCUMENT # N97000004274**

1. Entity Name  
**ALSO FOR GAY YOUTH, INC.**



Principal Place of Business  
**1470 BOULEVARD OF THE ARTS  
SARASOTA, FL 34236 US**

Mailing Address  
**1470 BOULEVARD OF THE ARTS  
SARASOTA, FL 34236**

40000682



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**74-2840470**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SORENSEN, CANDACE  
1470 BLVD OF THE ARTS  
SARASOTA, FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME TOWN, EDWARD L  
STREET ADDRESS 1225 SORRENTO WOODS BLVD  
CITY-ST-ZIP NOKOMIS, FL 34275

TITLE **PTD** ☒ Change ☐ Addition  
NAME **DAVID SEIL**  
STREET ADDRESS **2508 MONTEREY STREET**  
CITY-ST-ZIP **SARASOTA, FL 34231**

TITLE VP ☐ Delete  
NAME HERMANSON, SHIRLEY  
STREET ADDRESS 4173 OAKHURST CIRCLE W.  
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ED ☐ Delete  
NAME SORENSEN, CANDACE  
STREET ADDRESS 6727 MIDNIGHT PASS RD.  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME GODDARD, JIM  
STREET ADDRESS 6108 26TH W. SUITE #4  
CITY-ST-ZIP BRADENTON, FL 34207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☒ Delete  
NAME FRIEDMAN, ANN  
STREET ADDRESS 8041 HAMPTON CT.  
CITY-ST-ZIP UNIVERSITY PARK, FL 34201

TITLE **S/D** ☒ Change ☐ Addition  
NAME **JAMES JABLONSKI**  
STREET ADDRESS **7578 TORI WAY**  
CITY-ST-ZIP **BRADENTON, FL 34202**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #