


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006224 1. Entity Name AMERICA'S YOUTH INC.					
Principal Place of Business 320 DIVISION FERNANDINA BCH, FL			Mailing Address 320 DIVISION FERNANDINA BCH, FL		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GILBERT, JOHN SR. 514 S. 9TH ST. FERNANDINA ABCH, FL				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 _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILBERT, JOHN SR.	NAME			
STREET ADDRESS	514 S. 9TH ST.	STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BCH, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROYAL, MONROE	NAME			
STREET ADDRESS	RT. 2, BOX 1137	STREET ADDRESS			
CITY-ST-ZIP	BRYCEVILLE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, GAIL	NAME			
STREET ADDRESS	RT. 2, BOX 97	STREET ADDRESS			
CITY-ST-ZIP	BRYCEVILLE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWELL, LINDA	NAME			
STREET ADDRESS	LARAM ST.	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PICKARD, DOUGLAR	NAME			
STREET ADDRESS	305 JEAN LAFITTE BLVE	STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HINTON, ROBERT	NAME			
STREET ADDRESS	1232 SPRING MEADOW AVE	STREET ADDRESS			
CITY-ST-ZIP	YULEE, FL 32097	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 empowerments.					
SIGNATURE: _____		1-30-06 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED
 06 JAN 30 AM 9:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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4. FEI Number 59-3542143 Applied For Not Applicable

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

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 02/10/06--01072--028 **70.00

JAN 30 2006