

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 APR 28 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent GILBERT, JOHN SR. 544 S 9TH ST 320 DIVISION STREET FERNANDINA ABCH, FL	
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7. Name and Address of New Registered Agent	
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 _____	DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, JOHN SR. 544 S 9TH ST 320 DIVISION ST. FERNANDINA BCH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROYAL, MONROE RT. 2, BOX 1137 BRYCEVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GAIL RT. 2, BOX 97 BRYCEVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, LINDA LARAM ST. JACKSONVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICKARD, DOUGLAR 305 JEAN LAFITTE BLVE FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINTON, ROBERT 1232 SPRING MEADOW AVE YULEE, FL 32097 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK SASNETT 202 SD 9th ST. FDNA BCH FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUANITA ZINGS 1628 DAYTONA LN NORTH. JAY FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOOLE SASNETT 202 SD 9th ST FDNA BCH FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNETTA SPaulding 2186 TABOT COURT FDNA BCH FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOURYNE SPaulding 2186 TABOT COURT FDNA BCH FL 32034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: _____	Date: April 28, 2008

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