



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90034 003 \*\*\*\*61.25

<b>DOCUMENT # N99000000950</b> 1. Entity Name <b>FOCUS ON FLORIDA YOUTH, INC.</b>					
Principal Place of Business <b>6966 VENTURE CIRCLE</b> <b>ORLANDO, FL 32807</b>			Mailing Address <b>6966 VENTURE CIRCLE</b> <b>ORLANDO, FL 32807</b>		
2. Principal Place of Business <b>6802 Stapoint Ct</b> Suite, Apt. #, etc.		3. Mailing Address <b>6802 Stapoint Ct</b> Suite, Apt. #, etc.			
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>		4. FEI Number <b>59-3558464</b>	
Zip <b>32792</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SINGER, MARY S</b> <b>6966 VENTURE CIRCLE</b> <b>ORLANDO, FL 32807</b>				7. Name and Address of New Registered Agent  Name <b>Mary Scott Singer</b> Street Address (P.O. Box Number is Not Acceptable) <b>6802 Stapoint Ct.</b>  City <b>Winter Park</b> <b>FL</b> Zip Code <b>32792</b>	
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 <i>Mary Scott Singer</i> <b>Mary Scott Singer</b> Director <b>1-29-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVT <b>SINGER, MARY S</b> <b>6966 VENTURE CIRCLE</b> <b>ORLANDO, FL 32807</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6802 Stapoint Ct.</b> <b>Winter Park, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>SINGER, MARY S</b> <b>6966 VENTURE CIRCLE</b> <b>ORLANDO, FL 32807</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6802 Stapoint Ct.</b> <b>Winter Park, FL 32792</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SIMMONS, JOANN</b> <b>2280 WINSLOW CIR</b> <b>CASSELBERRY, FL 32707</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Mary Allen Singer</b> <b>68 Glenarden Rd.</b> <b>Winter Park, FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DILLARD, RICHARD B</b> <b>1500 HARRIS CIRCLE</b> <b>WINTER PARK, FL 32789</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Mary Allen Singer</b> <b>68 Glenarden Rd.</b> <b>Winter Park, FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SINGER, MARY S</b> <b>6966 VENTURE CIRCLE</b> <b>ORLANDO, FL 32807</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Mary Allen Singer</b> <b>68 Glenarden Rd.</b> <b>Winter Park, FL 32792</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Mary Scott Singer</i> <b>Mary Scott Singer</b> Director <b>1/29/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/29/04</b> Daytime Phone # <b>(407) 673 3300</b>		