

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N99000000950

1. Entity Name  
FOCUS ON FLORIDA YOUTH, INC.



Principal Place of Business

6802 STAPOINT CT  
WINTER PARK, FL 32792

Mailing Address

6802 STAPOINT CT  
WINTER PARK, FL 32792

**DO NOT WRITE IN THIS SPACE**



02162005 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-3558464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SINGER, MARY S  
6802 STAPOINT CT  
WINTER PARK, FL 32792

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	CPVT
NAME	SINGER, MARY S
STREET ADDRESS	6802 STAPOINT CT
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	SD
NAME	SINGER, MARY S
STREET ADDRESS	6802 STAPOINT CT
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	SIMMONS, JOANN
STREET ADDRESS	2280 WINSLOW CIR
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	SINGER, MARY A
STREET ADDRESS	618 GLENARDEN RD
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000235860  
02/19/05-80023-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05 (407)627-6007

Date

Daytime Phone #