

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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**



04202007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3558464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000725856
05/03/07-80039-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPVT SINGER, MARY S 6802 STAPOINT CT WINTER PARK, FL 32792
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SINGER, MARY S 6802 STAPOINT CT WINTER PARK, FL 32792
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, JOANN 2280 WINSLOW CIR CASSELBERRY, FL 32707
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGER, MARY A 618 GLENARDEN RD WINTER PARK, FL 32792
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 #

4/20/07