


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000005240 1. Entity Name SPORTS/EDUCATION YOUTH FOUNDATION, INC.	
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Principal Place of Business 17510 ISBELL LANE ODESSA, FL 33556	Mailing Address 17510 ISBELL LANE ODESSA, FL 33556
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-NP CR2E037 (11/05)

4. <input type="checkbox"/> Number 59-3595935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WELLS, LINDA A
17510 ISBELL LANE
ODESSA, FL 33556

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEREN, JEFFREY S 5174 KERNWOOD COURT PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WELLS, LINDA A 17510 ISBELL LANE ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAHEY, TREVOR 7629 BAYHILL COURT NEW PORT RICHEY, FL 34654
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80046-001 61.25

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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: TREVOR FAHEY **TREVOR FAHEY** **4/24/6** **727-514-8293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Daytime Phone #