

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

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007127

1. Entity Name
**TRUST FOR REHABILITATION AND NURTURING YOUTH
AND FAMILIES, INC.**



Principal Place of Business
**43309 U.S. HWY. 19 N.
TARPON SPRINGS, FL 34689**

Mailing Address
**P.O. BOX 1608
TARPON SPRINGS, FL 34688-1608**



02022005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3613384	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

**FRIEDLAND, LEW
43309 U.S. HWY. 19 N.
TARPON SPRINGS, FL 34689**

**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 NAME STREET ADDRESS CITY-ST-ZIP	D CROWN, ROBERT 1187 GROVE STREET CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOYER, R SCOTT 2536 COUNTRYSIDE BLVD., STE. 100 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, WILLIAM T JR. P.O. BOX 940207, %MEDICAL MINISTRY INT'L PLANO, TX 750940207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRUNDY, SHEA 9322 S.W. 41ST LANE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIEDLAND, LEW 43309 US HWY 19 N TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORD, DAVID 43309 US HWY 19 N TARPON SPRINGS, FL 34689

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03/08/05-80043-007 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 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

LEW FRIEDLAND 2/10/05

Date

Daytime Phone #

727 842 2591