

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2006 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**



01172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3613384**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CROWN, ROBERT
STREET ADDRESS	1187 GROVE STREET
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	D
NAME	GOYER, R SCOTT
STREET ADDRESS	2536 COUNTRYSIDE BLVD., STE. 100
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	HUNTER, WILLIAM T JR.
STREET ADDRESS	P.O. BOX 940207, %MEDICAL MINISTRY INTNL
CITY-ST-ZIP	PLANO, TX 750940207
TITLE	D
NAME	GRUNDY, SHEA
STREET ADDRESS	9322 S.W. 41ST LANE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	P
NAME	FRIEDLAND, LEW
STREET ADDRESS	43309 US HWY 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	V
NAME	FORD, DAVID
STREET ADDRESS	43309 US HWY 19 N
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

U000000413178  
02/10/06-80074-015 \$1.25

**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

**LEW FRIEDLAND**

Date

Daytime Phone #

4/8/06 (727) 942-2591