2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT #N99000007127

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

Principal Place of Business	Mailing Address
43309 U.S. HWY.19 N. TARPON SPRINGS, FL 34689	P.O. BOX 1608 TARPON SPRINGS, FL 34688-1608

DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	2469 ENTERPRISE RD
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	HUNTER, WILLIAM T JR.
STREET ADDRESS	P.O. BOX 940207,%MEDICAL MINISTRY INTN'L
CITY-ST-ZIP	PLANO, TX 750940207
TITLE	D
NAME	GRUNDY, SHEA
STREET ADDRESS	2817 SAMARA DR
CITY-ST-ZIP	TAMPA, FL 33618
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

U00000794959
01/29/08-80028-013 61.25

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: _____ LEW FRIEDLAND 1/9/08 727 942 2591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #