2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007127

FILED Jan 20, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

43309 U.S. HWY.19 N. 43309 U.S. HIGHWAY 19 N

TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 US

Current Mailing Address: New Mailing Address:

P.O. BOX 1608 PO BOX 1608

TARPON SPRINGS, FL 346881608 TARPON SPRINGS, FL 346881608 US

FEI Number: 59-3613384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRIEDLAND, LEW FRIEDLAND, LEW

43309 U.S. HWY 19 N. 43309 U.S. HIGHWAY 19 N. TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 US US

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.

SIGNATURE: 01/20/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CROWN, ROBERT CROWN, ROBERT Name: Name: 1187 GROVE STREET Address: 1219 FRANKLIN CIRCLE Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33756 US

Title: Title: (X) Change () Addition () Delete GOYER, R SCOTT Name: GOYER, R. SCOTT Name:

Address: 2469 ENTERPRISE RD Address: 2469 ENTERPRISE RD City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: CLEARWATER, FL 33763 US

Title: () Delete Title: (X) Change () Addition HUNTER, WILLIAM T JR. Name: HUNTER, WILLIAM T JR. Name:

P.O. BOX 940207, % MEDICAL MINISTRY INTN'L P.O. BOX 940207, % MEDICAL MINISTRY INTN'L Address: Address:

City-St-Zip: PLANO, TX 750940207 City-St-Zip: PLANO, TX 750940207 US

Title: () Delete Title: (X) Change () Addition

Name: GRUNDY, SHEA Name: GRUNDY, SHEA 2817 SAMARA DR 43309 U S HIGHWAY 19 N Address: Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: () Delete Title: (X) Change () Addition FRIEDLAND, LEW FRIEDLAND, LEW

Name: Name: 43309 US HWY 19 N 43309 U S HIGHWAY 19 N Address: Address: TARPON SPRINGS, FL 34689 City-St-Zip: City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: () Delete Title: (X) Change () Addition

FORD, DAVID FORD, DAVID Name: Name: Address: 43309 US HWY 19 N Address: 43309 U S HIGHWAY 19 N TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEW FRIEDLAND Ρ 01/20/2009

Electronic Signature of Signing Officer or Director

Date