

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007127

FILED
Feb 21, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 1608
TARPON SPRINGS, FL 346881608 US

New Mailing Address:

FEI Number: 59-3613384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDLAND, LEW
43309 U S HIGHWAY 19 N
TARPON SPRINGS, FL 34689 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: CROWN, ROBERT
Address: 1219 FRANKLIN CIRCLE
City-St-Zip: CLEARWATER, FL 33756 US

Title: D
Name: GOYER, R. SCOTT
Address: 2469 ENTERPRISE RD
City-St-Zip: CLEARWATER, FL 33763 US

Title: D
Name: HUNTER, WILLIAM T. JR.
Address: P.O.BOX 940207, MEDICAL MINISTRY INTN'L
City-St-Zip: PLANO, TX 750940207 US

Title: D
Name: GRUNDY, T. SHEA
Address: 43309 U S HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: P
Name: FRIEDLAND, LEW
Address: 43309 U S HIGHWAY 19 N
City-St-Zip: TARPON SPRINGS, FL 34689 US

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

I hereby 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 all other like empowered.

SIGNATURE: LEW FRIEDLAND

P

02/21/2011

Electronic Signature of Signing Officer or Director

_____ Date