

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45093

**Entity Name:** EVERGREEN YOUTH FOUNDATION, INC.**Current Principal Place of Business:**23 MALACOMPRA RD  
PALM COAST, FL 32137**Current Mailing Address:**23 MALACOMPRA RD  
PALM COAST, FL 32137 US**FEI Number:** 59-3105015**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONE, DENNIS  
23 MALACOMPRA RD  
PALM COAST, FL 32137 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VP
Name	CONE, LAURA
Address	23 MALACOMPRA ROAD
City-State-Zip:	PALM COAST FL 32137

Title	PD
Name	CONE, DENNIS
Address	23 MALACOMPRA RD
City-State-Zip:	PALM COAST FL 32137

Title	TD
Name	COHEN, MICHAEL DR
Address	933 LANCASTER DR
City-State-Zip:	ORLANDO FL 32806

Title	TD
Name	WILL, CHUCK
Address	2720 S. OCEAN BLVD #113
City-State-Zip:	PALM BEACH FL 33480-5464

Title	TD
Name	STEVENSON, JAN
Address	23 MALACOMPRA RD
City-State-Zip:	PALM COAST FL 32137

Title	BOARD OF TRUSTEE
Name	BLAY, PETE UK
Address	23 MALACOMPRA RD
City-State-Zip:	PALM COAST FL 32137

*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:** DENNIS CONE**PRESIDENT****03/27/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date