

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010581

FILED
Feb 07, 2006
Secretary of State

Entity Name: FOCUS ON FLAGLER YOUTH COALITION, INC.

Current Principal Place of Business:

201 S LEMON ST
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

PO BOX 1598
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 20-3680503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LILNKE, LYNDA
201 S LEMON ST
BUNNELL, FL 32110 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 () Delete
Name: LINKE, LYNDA
Address: 201 S LEMON ST
City-St-Zip: BUNNELL, FL 32110

Title: D () Delete
Name: TERRALL, TAMI
Address: 344 S BEACH ST
City-St-Zip: DAYTONA BCH, FL 32114

Title: D () Delete
Name: KENNEDY, LYNN
Address: 804 N WOODLAND BLVD
City-St-Zip: DELAND, FL 32720

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: KNIGHT, MARSHA
Address: 4721 E. MOODY BLVD. BLD. #5, STE. 505
City-St-Zip: BUNNELL, FL 32110

Title: D () Change (X) Addition
Name: CONKLIN, COLLEEN
Address: 229 OCEAN PALM DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136

I hereby certify that the information supplied with this filing does not qualify for the 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: COLLEEN CONKLIN

ED

02/07/2006

Electronic Signature of Signing Officer or Director

Date