# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

JAN 1 0 2006

**FILED**
**Apr 25, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # F99000005353

1. Entity Name
YOUTH ADVOCATE PROGRAMS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2007 NORTH THIRD STREET<br>HARRISBURG, PA 17102 | 2007 NORTH THIRD STREET<br>HARRISBURG, PA 17102 |

01052006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
23-1977514
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLVILLE, SPENCER
HILLSBOROUGH COUNTY ADVOCATE PROGRAM
8900 NORTH ARMENIA AVE, SUITE 308
TAMPA, FL 33604

**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 _____ 1/9/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | JEFFERS, THOMAS J |
| STREET ADDRESS | 2007 NORTH THIRD STREET |
| CITY-ST-ZIP | HARRISBURG, PA 17102 |
| TITLE | T |
| NAME | ZONIS, JEFF |
| STREET ADDRESS | 16676 N 108TH STREET |
| CITY-ST-ZIP | SCOTTSDALE, AZ 85255 |
| TITLE | ST |
| NAME | SNYDER, JOSEPH A |
| STREET ADDRESS | 1152 DRAYMORE COURT RD #4 |
| CITY-ST-ZIP | HUMMELSTOWN, PA 17036 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000531537
05/06/06-80048-010 70.00

**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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #