

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

JAN 10 2006

FILED

Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000005353 1. Entity Name YOUTH ADVOCATE PROGRAMS, INC.	
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Principal Place of Business 2007 NORTH THIRD STREET HARRISBURG, PA 17102	Mailing Address 2007 NORTH THIRD STREET HARRISBURG, PA 17102
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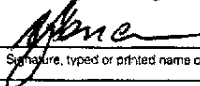
01052006 No Chg-NP CR2E037 (11/05)

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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
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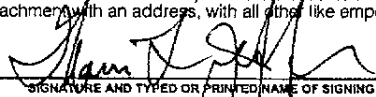
DO NOT WRITE IN THIS SPACE

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:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1/9/2006 DATE
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFFERS, THOMAS J 2007 NORTH THIRD STREET HARRISBURG, PA 17102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZONIS, JEFF 16676 N 108TH STREET SCOTTSDALE, AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNYDER, JOSEPH A 1152 DRAYMORE COURT RD #4 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-D10 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 #
