

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N00000001420 1. Entity Name YOUTH IN ACTION, INC.	
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Principal Place of Business 2515 E. BUSINESS HWY 98 PANAMA CITY, FL 32401	Mailing Address 2515 E. BUSINESS HWY 98 PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1709123	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCCLARY, SHERLENE 1307 S. INVERNESS ROAD LYNN HAVEN, FL 32444
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLARY, SHERLENE 1307 S. INVERNESS ROAD LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, LINDA 1307 S. INVERNESS ROAD LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, RENEE 1307 S. INVERNESS ROAD LYNN HAVEN, FL 32444
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04/18/08-80043-008 61.25

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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: *Sherlene McClary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 28 08 (950) 784.3624