2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11179

Entity Name: SERTOMA YOUTH RANCH, INC.

FILED Jan 05, 2004 Secretary of State

Comment Drive in al Diago of Descinator	New Principal Place of Business
Current Principal Place of Business:	New Principal Place of Business:

85 MYERS RD

BROOKSVILLE, FL 346028295 US

Current Mailing Address: New Mailing Address:

PO BOX 1871

DADE CITY, FL 335261871 US

FEI Number: 59-2603520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROOK, V JOHN JR 695 CENTRAL AVE

ST PETERSBURG, FL 33701 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DVP2 (X) Change () Addition () Delete NASHRAIIUH, RICHARD NASHRAIIUH, RICHARD Name: Name: Address:

6919 SENOL DRIVE Address: 6919 SENOL DRIVE City-St-Zip: TAMPA, FL 33610 City-St-Zip: TAMPA, FL 33610

Title: DP () Delete Title: (X) Change () Addition PITTMAN, STEVE Name: DITTMAN, STEVE Name:

Address: 4210 BREEZE WOOD DRIVE Address:

4210 BREEZE WOOD DRIVE City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: ZEPHYRHILLS, FL 33540

Title: DVP () Delete Title: DSEC (X) Change () Addition CHAVIS, DONNA CHAVIS, DONNA Name: Name:

Address: 1741 COLMAR DR Address: 1741 COLMAR DR. City-St-Zip: HOLIDAY, FL 34690 City-St-Zip: HOLIDAY, FL 34690

(X) Change () Addition Title: DVPM () Delete Title: DVPM

ROGUES, ELLEN Name: Name: FRANTZ, BETTY Address: 11025 HARDING AVE. Address: 10011 CARDY ST

City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34654

Title: DVPP DS () Delete Title: (X) Change () Addition

DRIGGERS, WILMA SCHADT, DANNY Name: Name: **20221 BOWER RD** Address: Address: 11118 N 21ST ST City-St-Zip: DADE CITY, FL 33523 City-St-Zip: TAMPA, FL 33612

Title: () Delete Title: () Change () Addition

HICKS, BILLY Name: Name: Address: 16041 BONNEVILLE DR Address: DADE CITY, FL 33523 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BILLY HICKS DT 01/05/2004