

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005426

1. Entity Name

YOUTH FOR CHRIST/HIGHLANDS COUNTY, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90067 049 ****61.25

Principal Place of Business

Mailing Address

4451 SPARTA RD
 SEBRING FL 33872

P.O. BOX 1526
 SEBRING FL 33871-1526
 US

2. Principal Place of Business

2559 US 27 South

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sebring FL

City & State

4. FEI Number

65-0784096

Applied For

Not Applicable

Zip

33870

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIVES, SCOTT
 128 14 STREET SOUTH
 SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME C
 CAUSEY, JESSIE
 STREET ADDRESS PO BOX 306 N/A
 CITY-ST-ZIP LAKE PLACID FL 33862

TITLE Change Addition
 NAME C/D
 STREET ADDRESS 270 US 27 South
 CITY-ST-ZIP Lake Placid, FL 33852

TITLE Delete
 NAME D
 WILSON, LAURA
 STREET ADDRESS 2850 TIVOLI ROAD
 CITY-ST-ZIP AVON PARK FL 33825

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 LOHNES, VINCE
 STREET ADDRESS 4110 SOMALIA ST
 CITY-ST-ZIP SEBRING FL 33872

TITLE Change Addition
 NAME D
 STREET ADDRESS Helen Wyngarden
 CITY-ST-ZIP 207 NE Lakeview Drive, Apt. 402
 Sebring, FL 33870

TITLE Delete
 NAME D
 PURDY, PAUL
 STREET ADDRESS 200 E CENTER
 CITY-ST-ZIP SEBRING FL 33870

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME S
 DURRANCE, KATHRYN
 STREET ADDRESS 1125 PEACHTREE DR
 CITY-ST-ZIP LAKE PLACID FL 33852

TITLE Change Addition
 NAME S/D
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 SHIVES, SCOTT
 STREET ADDRESS 128 14TH ST S
 CITY-ST-ZIP SEBRING FL 33870

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Scott Shives REQUIRED Scott Shives 1/12/00

863-386-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/99