

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000005426

1. Entity Name
 YOUTH FOR CHRIST/HIGHLANDS COUNTY, INC.

Principal Place of Business
 2559 US 27 SOUTH
 SEBRING FL 33870

Mailing Address
 P.O. BOX 1526
 SEBRING FL 33871 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0784096

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 SHIVES SCOTT
 128 14 STREET SOUTH
 SEBRING FL 33870

7. Name and Address of New Registered Agent
 Name SHIVES SCOTT
 Street Address (P.O. Box Number is Not Acceptable)
 128 14TH STREET SOUTH
 City SEBRING FL Zip Code 33876

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 _____ DATE **02/27/2001**
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SHIVES SCOTT	128 14TH ST S	SEBRING FL 33870	<input type="checkbox"/> Delete
SD	DURRANCE KATHRYN	1125 PEACHTREE DR	LAKE PLACID FL 33852	<input type="checkbox"/> Delete
D	PURDY PAUL	200 E CENTER	SEBRING FL 33870	<input type="checkbox"/> Delete
CO	CAUSEY JESSIE	270 US 27 SOUTH	LAKE PLACID FL 33852	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	JENSEN LYNN	48 LAKE HENRY DRIVE	LAKE PLACID FL 33852		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
CD	FOSTER KEITH	1006 NW LAKEVIEW DRIVE	SEBRING FL 33870		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	SHIVES SCOTT	128 14TH ST S	SEBRING FL 33876		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	DURRANCE KATHRYN	1125 PEACHTREE DR	LAKE PLACID FL 33852		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
ID	JENSEN DARRELL	48 LAKE HENRY DRIVE	LAKE PLACID FL 33852		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	CAUSEY JESSIE	270 US 27 SOUTH	LAKE PLACID FL 33852		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 D **02/27/2001**

CR2E037 (11/00)

MCINTYRE, RAYMOND S/D
2215 CROYDON ROAD

SEBRING, FL 33870

DEVLIN, ROBERT D
109 BODENHAM ROAD

LAKE PLACID, FL 33852