

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000005426

FILED
Jan 23, 2002 8:00 AM
Secretary of State

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

Current Principal Place of Business:

2559 US 27 SOUTH
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1526
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 65-0784096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVES, SCOTT
128 14TH STREET SOUTH
SEBRING, FL 33876

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAUSEY, JESSIE
Address: 270 US 27 SOUTH
City-St-Zip: LAKE PLACID, FL 33852

Title: TD () Delete
Name: JENSEN, DARRELL
Address: 48 LAKE HENRY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: DURRANCE, KATHRYN
Address: 1125 PEACHTREE DR
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SHIVES, SCOTT
Address: 128 14TH ST S
City-St-Zip: SEBRING, FL 33876

Title: CD () Delete
Name: FOSTER, KEITH
Address: 1006 NW LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: JENSEN, LYNN
Address: 48 LAKE HENRY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MCINTYRE, RAYMOND
Address: 2215 CROYDON ROAD
City-St-Zip: SEBRING, FL 33870

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SCOTT SHIVES

D

01/23/2002

Electronic Signature of Signing Officer or Director

_____ Date

DALE GRUBB D
3715 CREEKSIDE DRIVE
SEBRING, FL 33875

STACEY KELLY D
3804 SARRIA AVENUE
SEBRING, FL 33872

BRYCE KELLY D
3804 SARRIA AVENUE
SEBRING, FL 33872

ROBERT DEVLIN D
109 BODENHAM ROAD
LAKE PLACID, FL 33852

BRYCE KELLY D

ROBERT DEVLIN D
109 BODENHAM ROAD
LAKE PLACID, FL 33852