

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005426

**FILED**  
**Mar 24, 2015**  
**Secretary of State**  
**CC4047294155**

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

**Current Principal Place of Business:**

225 MICCO AVENUE  
SEBRING, FL 33870

**Current Mailing Address:**

P.O. BOX 1526  
SEBRING, FL 33871 US

**FEI Number:** 65-0784096

**Certificate of Status Desired:** No

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

TAYLOR, TAYNA Y  
5207 SHAD DRIVE  
SEBRING, FL 33870 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:** TAYNA Y TAYLOR

03/24/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name WIRICK, DARRYL  
Address 808 APTHORP AVENUE  
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR, TREASURER  
Name GRUBB, DALE  
Address 9205 C.R. 635  
City-State-Zip: SEBRING FL 33875

Title DIRECTOR  
Name MAXCY, CHET  
Address 1547 SPRING LANE  
City-State-Zip: LAKE PLACID FL 33852

Title DIRECTOR  
Name SHANNON, GWENDOLYN  
Address PO BOX 52  
City-State-Zip: SEBRING FL 33871

Title DIRECTOR  
Name WELDON, BRENDA  
Address 160 ORDAY ROAD  
City-State-Zip: SEBRING FL 33875

Title DIRECTOR  
Name GRIFFIN, GREGORY W  
Address 9134 CR 635  
City-State-Zip: SEBRING FL 33875

Title DIRECTOR, SECRETARY  
Name NELSON, BRENDA  
Address PO BOX 193  
City-State-Zip: SEBRING FL 33871

Title DIRECTOR  
Name BINNS, GARY  
Address 909 ALPINE TERRACE  
City-State-Zip: SEBRING FL 33870

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** TAYNA Y. TAYLOR

ED

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PATTERSON, TODD  
Address        9509 WISPY WOODS DRIVE  
City-State-Zip: SEBRING FL 33875

Title            ED  
Name            TAYLOR, TAYNA Y  
Address        5207 SHAD DRIVE  
City-State-Zip: SEBRING FL 33870