

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90027 031 ****61.25

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Entity Name
YOUTH FOR CHRIST/BAY-AREA, INC.



Principal Place of Business
419 EAST 4TH AVENUE
TAMPA, FL 33605 US

Mailing Address
PO BOX 5996
TAMPA, FL 33675 US

40050044



Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1610246

Applied For
Not Applicable

Zip Country 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

KOCH, RONALD B
419 EAST 4TH AVENUE
TAMPA, FL 33605

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

1. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

FILE	TDC	<input type="checkbox"/> Delete
NAME	KOCH, RON	
STREET ADDRESS	13186 LINDEN PLACE DRIVE	
CITY-STATE-ZIP	SEMINOLE, FL 33776	
FILE	M	<input type="checkbox"/> Delete
NAME	BACKMAN, BILL	
STREET ADDRESS	3221 W. MARLIN AVE	
CITY-STATE-ZIP	TAMPA, FL 33611	
FILE	D	<input checked="" type="checkbox"/> Delete
NAME	CARTETZ, WAYNE	
STREET ADDRESS	1203 OX BRIDGE DRIVE	
CITY-STATE-ZIP	LUTZ, FL 33549	
FILE	D	<input checked="" type="checkbox"/> Delete
NAME	SHILLING, TOM	
STREET ADDRESS	237 DUKE SIMMS RD	
CITY-STATE-ZIP	BRANDON, FL 33511	
FILE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, TOM	
STREET ADDRESS	24230 LANDING DR	
CITY-STATE-ZIP	LUTZ, FL 33549	
FILE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, BRUCE	
STREET ADDRESS	1001 LA CRESCENT CT	
CITY-STATE-ZIP	ODESSA, FL 33556	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TISON, WILLIAM	
STREET ADDRESS	2115 MAGDALENE MAJOR DR.	
CITY-STATE-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, WAYNE	
STREET ADDRESS	1203 OXBRIDGE DR	
CITY-STATE-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William L. Backman EXECUTIVE DIRECTOR 1/30/08 813-248-9202