## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#742238**

Entity Name: CITRUS YOUTH CONFERENCE, INC.

Apr 07, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6745 N. MYAKA AVE.

CRYSTAL RIVER, FL 34428 US

Current Mailing Address: New Mailing Address:

P. O. BOX 1133

CRYSTAL RIVER, FL 34423 US

FEI Number: 59-1864015 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

KISH, CHARLES TREADWAY, DENNIS 5512 W PINE CIR 6139 W. PINE CIRCLE

CRYSTAL RIVER, FL 34429 US CRYSTAL RIVER, FL 34429 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: DENNIS TREADWAY 04/07/2002

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: VD ( ) Delete Title: PD (X) Change ( ) Addition

Name:TREADWAY, DENNISEName:TREADWAY, DENNISEAddress:6139 W PINE CIR6139 W PINE CIRCity-St-Zip:CRYSTAL RIVER, FLCity-St-Zip:CRYSTAL RIVER, FL

Title: PD ( ) Delete Title: VD (X) Change ( ) Addition

Name: KISH, CHARLES Name: MOORE, DANA

Address: 3302 S. LES WAY Address: 231 POINSETTA AVENUE
City-St-Zip: HOMOSASSA, FL 34448 City-St-Zip: INVERNESS, FL 34452

Title: SD ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 BEATTY, PAULA
 Name:
 MUIR, DENELLE M

 Address:
 418 NE CRYSTAL ST.
 Address:
 259 N BIG OAKS POINT

 City-St-Zip:
 CRYSTAL RIVER, FL 34428
 City-St-Zip:
 LECANTO, FL 34461

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ROSECRANS, DEANA
 Name:

 Address:
 PO BOX 439 - 625 MYLES PT
 Address:

 City-St-Zip:
 LECANTO, FL 34461
 City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 MOORE, DANA
 Name:

 Address:
 231 POINSETTA AVE.
 Address:

 City-St-Zip:
 INVERNESS, FL 34452
 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: DENELLE M. MUIR T 04/07/2002