

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764383

FILED
Apr 12, 2011
Secretary of State

Entity Name: HEART OF FLORIDA YOUTH RANCH, INC.

Current Principal Place of Business:

15833 US HIGHWAY 301 N
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 336
CITRA, FL 32113

New Mailing Address:

FEI Number: 59-2274734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRYE, TOM M
5499 NW 27TH PLACE
OCALA, FL 34482 US

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: OC
Name: FRYE, TOM M
Address: 5499 NW 27TH PLACE
City-St-Zip: Ocala, FL 34482

Title: ST
Name: SMITH, TAMMY D
Address: 1036 NE 25TH STREET
City-St-Zip: Ocala, FL 34470 00

Title: D
Name: MORGAN, BETSY
Address: 8632 REEDY BRANCH DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: C
Name: STEPHENS, JAMES D
Address: 3736 CRAGMONT DRIVE
City-St-Zip: TAMPA, FL 33619

Title: VP
Name: FRYE, CHARLOTTE
Address: 5499 NW 27TH PLACE
City-St-Zip: Ocala, FL 34482

Title: M
Name: LINTON, CHARLES H
Address: P.O. BOX 26709 N/A
City-St-Zip: JACKSONVILLE, FL 32266709

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: DR. TOM FRYE, LMHC

OC

04/12/2011

Electronic Signature of Signing Officer or Director

Date