2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# F97000002742

Entity Name: YOUTH CHALLENGE INTERNATIONAL CORPORATION

Current Principal Place of Business:

4626 NE 49TH BLVD.
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

4626 NE 49TH BLVD.
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 59-3165221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BISHOP, CHASSIE D
4626 NE 49TH BLVD.
WILDWOOD, FL 34785 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:	PDC	( ) Delete
Name:	GONZALEZ, RAUL	
Address:	YCI - PO BOX 320676	
City-St-Zip:	HARTFORD, CT 061320676	
Title:	DST	( ) Delete
Name:	CHASSIE, DUANE DR	
Address:	CR 181 4738 NE 49TH BLVD., BOX 880	
City-St-Zip:	WILDWOOD, FL 34785	
Title:	P	(X) Delete
Name:	CAVANAUGH, MARVIN DR	
Address:	CR 181 4738 NE 49TH BLVD., BOX 880	
City-St-Zip:	WILDWOOD, FL 34785	
Title:	D	( ) Delete
Name:	LARSON, RICHARD	
Address:	17 BALD MOUNTAIN RD.	
City-St-Zip:	SOMERS, CT	
Title:	REV	( ) Delete
Name:	BAILEY, RON	
Address:	2315-23 GRAND CONCOURSE	
City-St-Zip:	BRONX, NY 10468	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 exemption stated 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 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: DR. DUANE CHASSIE DST 06/22/2009
Electronic Signature of Signing Officer or Director — Date