

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000005353

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** YOUTH ADVOCATE PROGRAMS, INC.

**Current Principal Place of Business:**

2007 NORTH THIRD STREET  
HARRISBURG, PA 17102

**New Principal Place of Business:**

**Current Mailing Address:**

2007 NORTH THIRD STREET  
HARRISBURG, PA 17102

**New Mailing Address:**

**FEI Number:** 23-1977514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STOTTLEMYER II, RICHARD  
HILLSBOROUGH COUNTY ADVOCATE PROGRAM  
8900 NORTH ARMENIA AVE, SUITE 308  
TAMPA, FL 33604 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:** P  
**Name:** BROWN-SOW, LYNETTE  
**Address:** 2007 NORTH THIRD STREET  
**City-St-Zip:** HARRISBURG, PA 17102

**Title:** T  
**Name:** HORSEY, MICHAEL  
**Address:** ONE LOGAN SQUARE, 29TH FLOOR  
**City-St-Zip:** PHILADELPHIA, PA 19103

**Title:** ST  
**Name:** SNYDER, JAY  
**Address:** 6297 FARMERS LANE  
**City-St-Zip:** HARRISBURG, PA 17111

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:** RICHARD STOTTLEMYER II

CFO

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date