

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90018 047 ****61.25

DOCUMENT # N00000007154

1. Entity Name
YOUTH WITH A MISSION - JACKSONVILLE, INC.



Principal Place of Business
**P.O. BOX 351869
JACKSONVILLE, FL 32235**

Mailing Address
**P.O. BOX 351869
JACKSONVILLE, FL 32235**

50007654



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-3683143

Applied For

Not Applicable

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

**CRAWFORD, JOHN R
225 WATER ST, STE 900
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BAXTER, ROBERT MARK**
STREET ADDRESS **12755 MARICOPA WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **D** ☐ Change ☒ Addition
NAME **Nathan Groff**
STREET ADDRESS **15336 Shark Road West**
CITY-ST-ZIP **Jacksonville, FL 32226**

TITLE **D** ☐ Delete
NAME **BAXTER, JANET M**
STREET ADDRESS **12755 MARICOPA WAY**
CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE **D** ☐ Change ☒ Addition
NAME **Terry Dawkins**
STREET ADDRESS **7843 Holiday Road South**
CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **D** ☐ Delete
NAME **FELDER, BOB**
STREET ADDRESS **18721 S DIXIE HWY**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D** ☐ Change ☒ Addition
NAME **Shae Adams**
STREET ADDRESS **4121 Harrison St.**
CITY-ST-ZIP **Kansas City, MO 64110**

TITLE **D** ☒ Delete
NAME **YATES, CHRISTOPHER**
STREET ADDRESS **126 2ND AVE N**
CITY-ST-ZIP **NASHVILLE, TN 37201**

TITLE **D** ☐ Change ☒ Addition
NAME **Amy Law**
STREET ADDRESS **369 Highway 290**
CITY-ST-ZIP **Meeteetse, WY 82433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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:

Robert Mark Baxter

Robert Mark Baxter

3/22/06

(904) 221-5990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #