

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007154

FILED
Jan 07, 2008
Secretary of State

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

Current Principal Place of Business:

3519 HERSCHEL STREET
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351869
JACKSONVILLE, FL 32235

New Mailing Address:

P.O. BOX 61568
JACKSONVILLE, FL 32236

FEI Number: 59-3683143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
225 W ATER ST, STE 900
JACKSONVILLE, FL 32202 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: D () Delete
Name: BAXTER, ROBERT MARK
Address: 12755 MARICOPA WAY
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: BAXTER, JANET M
Address: 12755 MARICOPA WAY
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: YATES, CHRIS
Address: 1418 SOUTHOAK DRIVE
City-St-Zip: NASHVILLE, TN 37211

Title: D () Delete
Name: LAW, AMY
Address: 369 HWY 290
City-St-Zip: MEETEETSE, WY 82433

Title: D () Delete
Name: ADAMS, SHAE
Address: 4121 HARRISON ST
City-St-Zip: KANSAS CITY, MO 64110

Title: D () Delete
Name: DAWKINS, TERRY
Address: 7843 HOLIDAY RD, S
City-St-Zip: JACKSONVILLE, FL 32216

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
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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: ROBERT MARK BAXTER

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date