

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007154

FILED
Jan 16, 2012
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:

117 1ST AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

P.O. BOX 61568
JACKSONVILLE, FL 32236

New Mailing Address:

117 1ST AVENUE NORTH
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3683143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAXTER, ROBERT MARK
117 1ST AVENUE NORTH
JACKSONVILLE BEACH, FL 32250 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
Name: BAXTER, ROBERT MARK
Address: 12755 MARICOPA WAY
City-St-Zip: JACKSONVILLE, FL 32246

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

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

Title: D
Name: CASTRO, URIEL
Address: 117 1ST AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D
Name: CASTRO, MICHELLE
Address: 117 1ST AVENUE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: ROBERT MARK BAXTER

PRES

01/16/2012

Electronic Signature of Signing Officer or Director

Date