
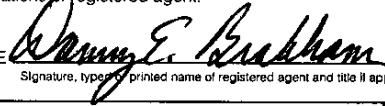
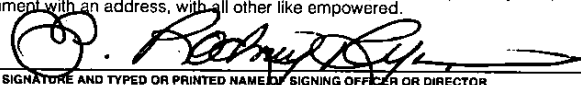


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90071 034 ****61.25

DOCUMENT # N01000000601					
1. Entity Name FLORIDA YOUTH CHALLENGE ACADEMY FOUNDATION, INC.					
Principal Place of Business RT. 1 BOX 550 CAMP BLANDING STARKE, FL 32091			Mailing Address RT. 1 BOX 550 CAMP BLANDING STARKE, FL 32091		
2. Principal Place of Business 5629 State Road 16 West		3. Mailing Address 5629 State Road 16 West			
Suite, Apt. #, etc. Bldg 3800		Suite, Apt. #, etc. Bldg 3800			
City & State Starke, FL		City & State Starke, FL			
Zip 32091	Country U.S.	Zip 32091	Country U.S.	4. FEI Number 59-3696744	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLF, RICHARD A RT. 1 BOX 550 CAMP BLANDING STARKE, FL 32091			7. Name and Address of New Registered Agent Name Danny E. Brabham Street Address (P.O. Box Number is Not Acceptable) 5629 State Road 16 West, Bldg 3800 City Starke, FL		
Zip Code 32091			State FL		
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 		Danny E. Brabham, Director		March 8, 2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, E RODNEY <input type="checkbox"/> Delete 308 D STREET SAINT AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, MIKE <input type="checkbox"/> Delete P.O BOX 1008 SAINT AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAIG, LISA G <input type="checkbox"/> Delete P.O BOX 1008 SAINT AUGUSTINE, FL 32084				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEEKS, ARNOLD B <input type="checkbox"/> Delete 2305 SR 207 SAINT AUGUSTINE, FL 32086				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					