

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N01000000601

1. Entity Name

FLORIDA YOUTH CHALLENGE ACADEMY FOUNDATION,
INC.



FILED
Mar 27, 2008 08:00 A
Secretary of State

Principal Place of Business

5629 STATE ROAD 16 WEST
BLDG 3800
STARKE FL 32091

Mailing Address

5629 STATE ROAD 16 WEST
BLDG 3800
STARKE FL 32091



2. Principal Place of Business - (If P.O. Box)

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3696744

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

BRABHAM, DANNY E
5629 STATE ROAD 16 WEST
BLDG 3800
STARKE FL 32091

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 of the person who is authorized to sign this report

Signature of Registered Agent (if different from the person who signed this report)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 PD
NAME RYAN, E RODNEY ☐ Delete
STREET ADDRESS 308 D STREET
CITY-STATE-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP U000000871670
04/10/08-80008-011 61.25

TITLE TD
NAME CRAIG, LISA G ☐ Delete
STREET ADDRESS P.O BOX 1008
CITY-STATE-ZIP SAINT AUGUSTINE FL 32084

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

TITLE SD
NAME LEEKS, ARNOLD B ☐ Delete
STREET ADDRESS 2305 SR 207
CITY-STATE-ZIP SAINT AUGUSTINE FL 32086

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Danny E. Brabham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 March 2008

904-682-4002