

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90062 036 ****61.25

DOCUMENT # N01000004115

1. Entity Name
PROJECT YOUTH CARE INC.



Principal Place of Business
3530 SE HAWTHORNE RD.
GAINESVILLE, FL 32641

Mailing Address
3530 SE HAWTHORNE RD.
GAINESVILLE, FL 32641

50009846



01242005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3725542

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RENTZ, JOSEPH SR.
3530 SE HAWTHORNE RD.
GAINESVILLE, FL 32641

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RENTZ, JOSEPH SR.
STREET ADDRESS 3530 SE HAWTHORNE RD.
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE D
NAME LANE, MARILYN
STREET ADDRESS 3530 SE HAWTHORNE RD.
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE TD
NAME RENTZ, LORENE
STREET ADDRESS 3530 SE HAWTHORNE RD.
CITY-ST-ZIP GAINESVILLE, FL 32641

TITLE D
NAME Xandria Zaine
STREET ADDRESS 3530 SE HAWTHORNE
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #