

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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**



04232008 No Chg-NP CR2E037 (4/06)

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, 2008**

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	ZAINE, XANDRIA
STREET ADDRESS	3530 SOUTHEAST HAWTHORNE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000930087
05/21/08-80094-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #