

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004115

FILED
Feb 10, 2009
Secretary of State

Entity Name: PROJECT YOUTH CARE INC.

Current Principal Place of Business:

3530 SE HAWTHORNE RD.
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

3530 SE HAWTHORNE RD.
GAINESVILLE, FL 32641

New Mailing Address:

FEI Number: 59-3725542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENTZ, JOSEPH SR.
3530 SE HAWTHORNE RD.
GAINESVILLE, FL 32641 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: PD () Delete
Name: RENTZ, JOSEPH SR.
Address: 3530 SE HAWTHORNE RD.
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: LANE, MARILYN
Address: 3530 SE HAWTHORNE RD.
City-St-Zip: GAINESVILLE, FL 32641

Title: TD () Delete
Name: RENTZ, LORENE
Address: 3530 SE HAWTHORNE RD.
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: ZAIN, XANDRIA
Address: 3530 SOUTHEAST HAWTHORNE
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSEPH RENTZ

PRES

02/10/2009

Electronic Signature of Signing Officer or Director

Date