## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003734

FILED Apr 29, 2005 Secretary of State

Entity Name: SOUTHWEST FLORIDA YOUTH FOR CHRIST, INC.

Current Principal Place of Business: New Principal Place of Business:

1100 COMMERCIAL BLVD UNIT 119 NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

1100 COMMERCIAL BLVD UNIT 119 NAPLES, FL 34104

FEI Number: 77-0592597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JUSTICE, TTIM JUSTICE, JACK T

1100 COMMERCIAL BLVD UNIT 119 1100 COMMERCIAL BLVD UNIT 119

NAPLES, FL 34104 US NAPLES, FL 34104 US

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: JACK TIMOTHY JUSTICE 04/29/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: C () Delete Title: C (X) Change () Addition

 Name:
 DUQUET, ALLEN
 Name:
 SAVAGE, TIM

 Address:
 P.O. BOX 2166
 Address:
 204 MONTEREY DRIVE

 City-St-Zip:
 MARCO ISLAND, FL 34145
 City-St-Zip:
 NAPLES, FL 34119

Title: VC ( ) Delete Title: S (X) Change ( ) Addition

Name: GROVES, BRYAN Name: SAVAGE, PETE

 Address:
 3561 1ST AVENUE NW
 Address:
 6530 BOTTLE BRUSH LANE

 City-St-Zip:
 NAPLES, FL 34110
 City-St-Zip:
 NAPLES, FL 34105

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SAVAGE, JAMIE
 Name:

 Address:
 52 GULF COTTAGE DRIVE
 Address:

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: Name: HODGES, LARRY

Address: Address: 873 CARRICK BEND CIRCLE, #202

City-St-Zip: City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIM SAVAGE C 04/29/2005