## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005339

Entity Name: U.C.T. YOUTH ASSOCIATION, INC.

FILED Apr 19, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 632 NORTH PARK STREET COLUMBUS, OH 43215 **Current Mailing Address: New Mailing Address:** 632 NORTH PARK STREET COLUMBUS, OH 43215 FEI Number: 31-1409157 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEILAND, SR., JACK R 1405 LAKÉHUŔST WAY BRANDON, FL 33511 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition THOMAS, JERRY Name: Name: 632 N. PARK STREET Address: Address: City-St-Zip: COLUMBUS, OH 43215 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MARSHALL, ROBERT Name: Address: 632 NORTH PARK STREET Address: City-St-Zip: COLUMBUS, OH 43215 City-St-Zip: Title: () Delete Title: () Change () Addition SHAFER, SANDY Name: Name: Address: 632 NORTH PARK ST Address: City-St-Zip: COLUMBUS, OH 43215 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: WEILAND, JACK R SR Name: 1405 LAKEHURST WAY Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: Title: () Delete Title: () Change () Addition ALCORN, CRAIG Name: Name: 632 NORTH PARK ST Address: Address: COLUMBUS, OH 43215 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition ENGEL, JACK MARSHALL, BOB Name: Name: Address: 632 NORTH PARK ST Address: 632 NORTH PARK ST COLUMBUS, OH 43215 COLUMBUS, OH 43215 City-St-Zip: City-St-Zip:

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: JERRY THOMAS P 04/19/2004