2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N02000005339

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

Current Principal Place of Business:

632 NORTH PARK STREET
COLUMBUS, OH 43215

New Principal Place of Business:

Current Mailing Address:

632 NORTH PARK STREET
COLUMBUS, OH 43215

New Mailing Address:

FEI Number: 31-1409157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEILAND, SR., JACK R
1405 LAKEHURST WAY
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

SHAFER, LAWRENCE E
6308 GRANT STREET
HOLLYWOOD, FL 33024 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: LAWRENCE E. SHAFER 05/01/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: THOMAS, JERRY
Address: 632 N. PARK STREET
City-St-Zip: COLUMBUS, OH 43215

Title: VP ( ) Delete
Name: TUCKER, KENT
Address: 632 NORTH PARK STREET
City-St-Zip: COLUMBUS, OH 43215

Title: S ( ) Delete
Name: SHAFER, SANDY
Address: 632 NORTH PARK ST
City-St-Zip: COLUMBUS, OH 43215

Title: T ( ) Delete
Name: WEILAND, JACK R SR
Address: 1405 LAKEHURST WAY
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: HUNT, RON
Address: 632 NORTH PARK STREET
City-St-Zip: COLUMBUS, OH 43215

Title: D ( ) Delete
Name: SMITH, TOM
Address: 632 NORTH PARK ST
City-St-Zip: COLUMBUS, OH 43215

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: T (X) Change ( ) Addition
Name: HECKER, KEVIN R
Address: 632 NORTH PARK ST.
City-St-Zip: COLUMBUS, OH 43215

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: SANDY SHAFER S 05/01/2007
Electronic Signature of Signing Officer or Director Date