

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005885

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: YOUTH HOUSE RESCUE MISSION, INC.

## Current Principal Place of Business:

10711 SW 216TH ST  
UNIT 112  
MIAMI, FL 33170

## New Principal Place of Business:

## Current Mailing Address:

10465 SW 216TH ST  
204  
MIAMI, FL 33190

## New Mailing Address:

FEI Number: 55-0794868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILHITE, TINA E  
10465 SW 216TH ST  
204  
MIAMI, FL 33190 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: PTD ( ) Delete  
Name: WILHITE, TINA E  
Address: 10465 SW 216TH STE 204  
City-St-Zip: MIAMI, FL 33190

Title: VPTD ( ) Delete  
Name: WILHITE, ELBERT  
Address: 10465 SW 216TH STE 204  
City-St-Zip: MIAMI, FL 33190

Title: ST ( ) Delete  
Name: PORTER, ANGELA  
Address: 6145 CASTLEFORD DR F  
City-St-Zip: INDIANAPOLIS, IN 46203

Title: MAT ( ) Delete  
Name: WOODSON, JOYCE  
Address: 4606 THORNLEIGH DR  
City-St-Zip: INDIANAPOLIS, IN 46226

Title: T ( ) Delete  
Name: SMITH, LAURA  
Address: 4174 N PASADENA  
City-St-Zip: INDIANAPOLIS, IN 46226

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition  
Name: PORTER, ANGELA  
Address: 4047 EDMONDSON  
City-St-Zip: INDIANAPOLIS, IN 46226

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: PASTOR TINA E. WILHITE

PTD

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date