2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# N02000006309

Entity Name: HERNANDO COUNTY SHERIFF'S OFFICE YOUTH EDUCATION SERVICES PROGRAM, INC.

Current Principal Place of Business:

18900 CORTEZ BOULEVARD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10070
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 16-1633755 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAMMER, DEANNA
18900 CORTEZ BOULEVARD
BROOKSVILLE, FL 34601 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: NUGENT, RICHARD B
Address: P.O. BOX 10070
City-St-Zip: BROOKSVILLE, FL 34603

Title: VD ( ) Delete
Name: DRY, WALTER
Address: 3418 KNOTTY OAKS CIRCLE
City-St-Zip: SPRING HILL, FL 34606

Title: SD ( ) Delete
Name: ZUYUS, JOE
Address: 2151 MEADOWLARK LANE
City-St-Zip: SPRING HILL, FL 34608

Title: TD ( ) Delete
Name: BUTLER, ROXANNE
Address: 11320 POND CT
City-St-Zip: PORT RICHEY, FL 34668

Title: D ( ) Delete
Name: JACOBS, LEO
Address: 373 FLORIAN WAY
City-St-Zip: SPRING HILL, FL 34609

Title: D (X) Delete
Name: CLIFTON, LIZ
Address: P.O. BOX 10070
City-St-Zip: BROOKSVILLE, FL 34603

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: TD (X) Change ( ) Addition
Name: PIPPENGER, CHRISTINE
Address: 3479 CRAPE MYRTLE DR
City-St-Zip: HERNANDO BEACH, FL 34607

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: CHRISTINE PIPPENGER TD 04/08/2008

Electronic Signature of Signing Officer or Director — Date