

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008011

FILED
Jan 13, 2009
Secretary of State

Entity Name: YOUTH FOR CHRIST/INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

915 7TH AVENUE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 651455
VERO BEACH, FL 329651455

New Mailing Address:

FEI Number: 14-1856035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SJOBLOM, SCOTT
1225 6TH STREET
VERO BEACH, FL 32962 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: D () Delete
Name: BECHTEL, AL
Address: 7745 INDIAN OAKS DRIVE. APT H-301
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: MAYS, CAMERON
Address: 1545 46TH AVENUE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: MEEKS, DON
Address: 295 43RD AVENUE
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: SMICK, TIM
Address: 225 OSPREY COURT
City-St-Zip: VERO BEACH, FL 329632652

Title: D () Delete
Name: EBERHART, CHARLES
Address: 1494 TREASURE COVE LANE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: SCOTT, SJOBLUM
Address: 1225 6TH STREET
City-St-Zip: VERO BEACH, FL 32962

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

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: SCOTT SJOBLUM

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date