

# 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, SJOBLOM  
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  
Name:  
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 SJOBLOM

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date