

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001797

FILED  
Mar 13, 2008  
Secretary of State

Entity Name: WOMEN AND YOUTH CENTER, INC.

## Current Principal Place of Business:

34 SIXTH STREET NORTH  
HAINES CITY, FL 33844 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 4364  
HAINES CITY, FL 33845 US

## New Mailing Address:

FEI Number: 33-1052498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCE, GLENDA L  
3051 AILEEN ROAD  
HAINES CITY, FL 33844 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: ED ( ) Delete  
Name: PIERCE, GLENDA L  
Address: 2300 SMITH RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: P ( ) Delete  
Name: HINKLE, WILLIAM  
Address: 2808 SEQUOYAH DR  
City-St-Zip: HAINES CITY, FL 33844 US

Title: S ( ) Delete  
Name: PORTER, ELIZABETH  
Address: 117 N. 18TH STREET  
City-St-Zip: HAINES CITY, FL 33844 US

Title: T ( ) Delete  
Name: PARKER, DEBRA  
Address: 9624 MIDWAY RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: D ( ) Delete  
Name: SIMS, JOY  
Address: 415 DYSON RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: D ( ) Change (X) Addition  
Name: PIRTLE, REGINA  
Address: 1862 EMILY DR.  
City-St-Zip: WINTER HAVEN, FL 33880

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: GLENDA LEANN PIERCE

ED

03/13/2008

Electronic Signature of Signing Officer or Director

Date