

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001797

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** WOMEN AND YOUTH CENTER, INC.

**Current Principal Place of Business:**

20 N. 6TH ST.  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4364  
HAINES CITY, FL 33845

**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 MRS.  
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  
Name: PIERCE, GLENDA L  
Address: 3051 AILEEN RD.  
City-St-Zip: HAINES CITY, FL 33844 US

Title: PRES  
Name: HINKLE, WILLIAM  
Address: 2808 SEQUOYAH DR  
City-St-Zip: HAINES CITY, FL 33844 US

Title: SEC.  
Name: YURICK, CHERYL  
Address: 2262 BURNWAY RD.  
City-St-Zip: HAINES CITY, FL 33844 US

Title: TREA  
Name: PARKER, DEBRA  
Address: 5 BRIN RD.  
City-St-Zip: HAINES CITY, FL 33844 US

Title: DIR  
Name: SIMS, JOY  
Address: 415 DYSON RD  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP  
Name: CARVER, SHERON  
Address: 4854 E. HINSON AVE  
City-St-Zip: HAINES CITY, FL 33844

I hereby 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 all other like empowered.

SIGNATURE: GLENDA LEANN PIERCE

ED

03/06/2012

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

\_\_\_\_\_  
Date