2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000475

FILED May 04, 2009 Secretary of State

Entity Name: BI-COUNTIES YOUTH CHARITIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

2521 MICHIGAN AVE 1818 TENN. AVE APT. H - 2 UNIT 1 & 2

PANAMA CITY, FL 32405 LYNN HAVEN, FL 32444

Current Mailing Address: New Mailing Address:

2521 MICHIGAN AVE 1818 TENN. AVE. APT. H - 2 UNIT 1 & 2

PANAMA CITY, FL 32405 LYNN HAVEN, FL 32444

FEI Number: 56-2424899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WESTERTERP, JOHN PRESIDE WESTERTERP, JOHN PRESIDE 2521 MICIGAN AVE. 1818 TENN. AVE.

APT. H - 2
PANAMA CITY, FL 32405 US

UNIT 1 & 2
LYNN HAVEN, FL 32444 US

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: 05/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 WESTERTERP, JOHN
 Name:
 WESTERTERP, JOHN

 Address:
 2521 MICHIGAN AVE.
 Address:
 1818 TENN. AVE. UNIT 1&2

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:
 LYNN HAVEN, FL 32444

Title: VP () Delete Title: () Change () Addition

 Name:
 WESTERTERP, JACK
 Name:

 Address:
 56 EDGEWATER DR. W.
 Address:

 City-St-Zip:
 LAKE PLACID, FL 33852
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 MANN, JR, MELVIN
 Name:

 Address:
 4260 E. KEVIN ROAD
 Address:

 City-St-Zip:
 AVON PARK, FL
 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: JOHN WESTERTERP PRES 05/04/2009