2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N04000004631

Entity Name: JABEZ YOUTH CENTER, INC.

Current Principal Place of Business:

1320 WEST BRYAN STREET
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1320 WEST BRYAN STREET
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 11-3711315 **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:

NORGAISSE, MYRIAM B
2000 TRIUMFO CIRCLE
KISSIMMEE, FL 34744 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: P ( ) Delete
Name: NORGAISSE, MYRIAM B
Address: 2000 TRIUMFO CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: V ( ) Delete
Name: NORGAISSE, EDWIN D
Address: 2000 TRIUMFO CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: CNSL ( ) Delete
Name: DENIS, JEAN M
Address: 2000 TRIUMFO CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete
Name: BONNET, ROSIANIE
Address: 4358 B SAWYER CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

Title: S ( ) Delete
Name: JEANNITON, WINNIE-FRED
Address: 2472 HYBRID DR.
City-St-Zip: KISSIMMEE, FL 34758

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:

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: MYRIAM B NORGAISSE P 05/02/2007
Electronic Signature of Signing Officer or Director Date