

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90414 019 ****70.00

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1. Entity Name
YOUTH VILLAGE, INC.



Principal Place of Business
**312 PELHAM ROAD
FORT WALTON BEACH, FL 32547**

Mailing Address
**P.O. BOX 307
NICEVILLE, FL 32588-0307**

00012908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
20-1319298

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PITELL, LISA Y
4400 E. HWY 20
SUITE 211
NICEVILLE, FL 32578**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KING, VAUGHN
STREET ADDRESS 610 N ELGIN PKWY
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Change ☒ Addition
NAME **VAID BARNES, MICHAEL**
STREET ADDRESS **810 EGLIN PKY. NE II**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE D ☒ Delete
NAME HUGHES, MAURICE
STREET ADDRESS 114 CAMELLIA PLACE
CITY-ST-ZIP CRESTVIEW, FL

TITLE ☐ Change ☒ Addition
NAME **TJSD WALLIS, DANN**
STREET ADDRESS **41179 CHACATO COVE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE SD ☒ Delete
NAME THIRSK, PHYLLIS
STREET ADDRESS 113 THORNHILL ROAD
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Change ☒ Addition
NAME **D WALL, BARBARA**
STREET ADDRESS **4115 CAILAWAY DRIVE**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE D ☐ Delete
NAME BOGAR, GERETTA
STREET ADDRESS 328 CURACAO WAY
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE ☐ Change ☒ Addition
NAME **D GARDNER, AL**
STREET ADDRESS **738 PLANET DRIVE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE D ☐ Delete
NAME JAMES, JIMMY
STREET ADDRESS 7152 SNUGWATER ROAD
CITY-ST-ZIP NAVARRE, FL 32566

TITLE ☐ Change ☒ Addition
NAME **D FEARSON, CEDRIC**
STREET ADDRESS **305 LOVEJOY ROAD**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE VPD ☒ Delete
NAME GIBSON, AGGIE
STREET ADDRESS 14075 EMERALD COURT PARKWAY
CITY-ST-ZIP DESTIN, FL 32541

TITLE ☐ Change ☒ Addition
NAME **D JONES, JERRY**
STREET ADDRESS **24 SW BASIN AVE.**
CITY-ST-ZIP **FT. WALTON BEACH, FL 32548**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Geretta Bogar* GERETTA BOGAR

4-13-06 (830) 897-2795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #