


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90020 027 ****70.00

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|--|-----------------------------|--|---|--|--|
| DOCUMENT # N04000006475 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04092008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-1319298 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BOGAR, NELLIE 328 CURACAO WAY 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 <i>Nellie Bogar</i> NELLIE BOGAR EXE. DIRECTOR | | | | DATE 4-11-08 | |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHARLIE, MORRIS | | NAME | RATHY FOSTER | |
| STREET ADDRESS | 1510 GLENLAKE CIRCLE | | STREET ADDRESS | 849 TAR PON DRIVE | |
| CITY-ST-ZIP | NICEVILLE, FL 32578 | | CITY-ST-ZIP | FT. WALTON BEACH FL 32448 | |
| TITLE | TSD | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WALLIS, DANN | | NAME | MERCEHELE HIXSON-WELLS | |
| STREET ADDRESS | 41179 EMACATO COVE | | STREET ADDRESS | 134 JAMESTOWN AVE | |
| CITY-ST-ZIP | NICEVILLE, FL 32578 | | CITY-ST-ZIP | FT. WALTON BEACH FL 32447 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | |
| NAME | GARDNER, AL | | NAME | | |
| STREET ADDRESS | 738 PLANET DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | DESTIN, FL 32541 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | |
| NAME | BOGAR, GERETTA | | NAME | | |
| STREET ADDRESS | 328 CURACAO WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | NICEVILLE, FL 32578 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | |
| NAME | JAMES, JIMMY | | NAME | | |
| STREET ADDRESS | 7152 SNUGWATER ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | NAVARRE, FL 32566 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | |
| NAME | WALL, BARBARA | | NAME | | |
| STREET ADDRESS | 4115 CALAWAY DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NICEVILLE, FL 32578 | | CITY-ST-ZIP | | |
| 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: <i>Geretta Bogar</i> GERETTA BOGAR | | | DATE: 4-11-08 (P.S.) 897-2725 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |