## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000006475

Entity Name: YOUTH VILLAGE, INC.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

BOGAR, GERETTA

JAMES, JIMMY

WALL BARBARA

328 CURAÇÃO WAY

NICEVILLE, FL 32578

7152 SNUGWATER ROAD

NAVARRE, FL 32566

4115 CALAWAY DRIVE

NICEVILLE, FL 32578

() Delete

() Delete

FILED Apr 04, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 312 PELHAM ROAD FORT WALTON BEACH, FL 32547 **Current Mailing Address: New Mailing Address:** P.O. BOX 307 NICEVILLE, FL 325880307 FEI Number: 20-1319298 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOGAR, NELLIE 328 CUŔACAO WAY NICEVILLE, FL 32578 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete CHARLIE, MORRIS HIXSON-WELLS, MERCHELLE Name: Name: 1510 GLENLAKE CIRCLE Address: 124 JAMESTOWN AVENUE Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: FT. WALTON BEACH, FL 32547 US Title: TSD () Delete Title: TSD (X) Change ( ) Addition WALLIS, DANN Name: JAMES, JIMMY Name: Address: 41179 EMACATO COVE Address: 111-D RACETRACK ROAD City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: FT. WALTON BEACH, FL 32547 US Title: () Delete Title: () Change () Addition GARDNER, AL Name: Name: Address: 738 PLANET DR Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: () Delete Title: () Change () Addition

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

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: GERETTA BOGAR D 04/04/2009

above, or on an attachment with an address, with all other like empowered.

(X) Change ( ) Addition

() Change () Addition

BAKKER, ERIN

4072 BURNING TREE DRIVE

DESTIN, FL 32541 US