

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006475

FILED  
Feb 11, 2012  
Secretary of State

Entity Name: YOUTH VILLAGE, INC.

**Current Principal Place of Business:**

312 PELHAM ROAD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 307  
NICEVILLE, FL 325880307 US

**New Mailing Address:**

FEI Number: 20-1319298

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PITELL, LISA L.L.M.  
4591 HIGHWAY 20  
NICEVILLE, FL 32578 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: PD  
Name: HIXSON-WELLS, MERCELLE  
Address: 124 JAMESTOWN AVENUE  
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: TSD  
Name: JAMES, JIMMY  
Address: 111-D RACETRACK ROAD  
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: D  
Name: HOUSTON, ALTON  
Address: 626 TERRITORY LANE  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: D  
Name: BOGAR, GERETTA  
Address: 328 CURACAO WAY  
City-St-Zip: NICEVILLE, FL 32578 US

Title: D  
Name: BOGAR, VALERIE M  
Address: 328 CURACAO WAY  
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD  
Name: MADDOX, DONNA  
Address: 7917 LOLA CIRCLE  
City-St-Zip: NAVARRE, FL 32566 US

I hereby 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 all other like empowered.

SIGNATURE: GERETTA BOGAR

D

02/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date