

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2007  
Secretary of State**

DOCUMENT# N04000008140

Entity Name: YOUTH HAVEN EVANGELISTIC OUTREACH CENTER, INC.

**Current Principal Place of Business:**

PO BOX 8101  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

7769 PEPPER CIR W  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

PO BOX 8101  
JACKSONVILLE, FL 32211

**New Mailing Address:**

FEI Number: 74-3144316      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PHILPOT, LARRY L  
7769 PEPPER CIRCLE WEST  
JACKSONVILLE, FL 32244      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: PHILPOT, LARRY L  
Address: 7769 PEPPER CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: V      ( ) Delete  
Name: PHILPOT, SHARMAN L  
Address: 7769 PEPPER CIRCLE WEST  
City-St-Zip: JACKSONVILLE, FL 32244

Title: ST      ( ) Delete  
Name: BROWN, MARIA  
Address: 3929 MISSION DR APT 6  
City-St-Zip: JACKSONVILLE, FL 32217

**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:

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: LARRY L. PHILPOT

P

04/24/2007

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

\_\_\_\_\_  
Date