


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003154	
1. Entity Name SPECIAL YOUTH CHALLENGE MINISTRIES OF FLORIDA, INC.	

Principal Place of Business 19808 NW 190TH AVE HIGH SPRINGS, FL 32643	Mailing Address P.O. BOX 2139 HIGH SPRINGS, FL 32655
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03092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2595700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BEACH, KENNETH 19808 NW 190TH AVE HIGH SPRINGS, FL 32643
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEACH, KENNETH 19808 NW 190TH AVE HIGH SPRINGS, FL 32643
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUZBEE, GARRETT P.O. BOX 1575 ALACHUA, FL 32616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, WANDA P.O. BOX 238 HIGH SPRINGS, FL 32655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, GARY P.O. BOX 238 HIGH SPRINGS, FL 32655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/23/07-80071-007 61.25

DO NOT WRITE IN THIS SPACE

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: Wanda Wilson Wanda Wilson 3/9/07 386-454-5457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #