

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 31, 2008
Secretary of State

DOCUMENT# N05000003154

Entity Name: SPECIAL YOUTH CHALLENGE MINISTRIES OF FLORIDA, INC.**Current Principal Place of Business:**19808 NW 190TH AVE
HIGH SPRINGS, FL 32643**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 2139
HIGH SPRINGS, FL 32655**New Mailing Address:****FEI Number:** 20-2595700**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BEACH, KENNETH
19808 NW 190TH AVE
HIGH SPRINGS, FL 32643 US**Name and Address of New Registered Agent:**MIKELL, CRAIG
21382 NW 217TH DR.
HIGH SPRINGS, FL 32643 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: CRAIG MIKELL

10/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEACH, KENNETH
Address: 19808 NW 190TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VD () Delete
Name: BUZBEE, GARRETT
Address: P.O. BOX 1575
City-St-Zip: ALACHUA, FL 32616

Title: SD () Delete
Name: WILSON, WANDA
Address: P.O. BOX 238
City-St-Zip: HIGH SPRINGS, FL 32655

Title: TD () Delete
Name: WILSON, GARY
Address: P.O. BOX 238
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D (X) Delete
Name: BUZBEE, JOEL
Address: P.O. BOX 2139
City-St-Zip: HIGH SPRINGS, FL 32655 US

Title: D () Delete
Name: HANCOCK, REX
Address: P.O. BOX 2139
City-St-Zip: HIGH SPRINGS, FL 32655 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIKELL, CRAIG
Address: 19808 NW 190TH AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
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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: CRAIG MIKELL

P

10/31/2008

Electronic Signature of Signing Officer or Director

Date