

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003154

FILED
Jan 07, 2009
Secretary of State

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:

MIKELL, CRAIG
21382 NW 217TH DR.
HIGH SPRINGS, FL 32643 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 () Delete
Name: MIKELL, CRAIG
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 () Delete
Name: HANCOCK, REX
Address: P.O. BOX 2139
City-St-Zip: HIGH SPRINGS, FL 32655 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIKELL, CRAIG
Address: 21382 NW 217 DRIVE
City-St-Zip: HIGH SPRINGS, FL 32643

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

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

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

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

Title: D () Change (X) Addition
Name: CAIN, JASON
Address: 21916 PROVIDENCE RD.
City-St-Zip: ALACHUA, FL 32615

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: WANDA WILSON

SD

01/07/2009

Electronic Signature of Signing Officer or Director

Date