2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# N07000005350

Entity Name: WAKULLA COUNTY COALITION FOR YOUTH, INC.

Current Principal Place of Business:

34 CONNIE DR.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1688
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 26-0412122 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, BRENDA G
34 CONNIE DR.
CRAWFORDVILLE, FL 32327 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: D
Name: CAMPBELL, BRENDA G
Address: 34 CONNIE DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: HARVEY, DAVID
Address: 15 OAK STREET
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D
Name: MILLER, DAVID
Address: POST OFFICE BOX 100
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D
Name: O'DONNELL, BETH
Address: P. O. BOX 100
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: D
Name: WOLFGANG, MARY
Address: TCC WAKULLA ANNEX, CRAWFORDVILLE HWY.
City-St-Zip: CRAWFORDVILLE, FL 32327

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: GAIL CAMPBELL DIRE 04/05/2010

Electronic Signature of Signing Officer or Director Date