2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48852

FILED Jan 05, 2004 Secretary of State

Entity Name: YOUTH CRISIS CENTER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7007 BEACH BLVD. 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 LIS

Current Mailing Address: New Mailing Address:

7007 BEACH BLVD. 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US

FEI Number: 59-3123710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

PATANIA, TOM PATANIA, TOM

7007 BEACH BLVD. 3015 PARENTAL HOME ORAD JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216

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: TOM PATANIA 01/05/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

PATANIA, TOM PATANIA, TOM Name: Name: 7007 BEACH BLVD. Address: 3015 PARENTAL HOME ROAD Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: CD () Delete Title: () Change () Addition

Name: JOEL, ROBERT W Name: Address: 200 W. FORSYTH ST., #1600 Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

Title: () Delete Title: (X) Change () Addition MILLER, JAMES A Name: MILLER, JAMES A Name:

6650 SOUTHPOINT PKWY, #100 6650 SOUTHPOINT PKWY, #100 Address: Address: City-St-Zip: JACKSONVILLE, FL 322551620 City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete Title: (X) Change () Addition

GELLATLY, MARGARET Name: Name: BAKER, DAVID

50 N. LAURA ST, SUITE 3700 Address: 1224 PONTE VEDRA BLVD Address: City-St-Zip: PONTE VEDRA BCH, FL 32082 City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TOM PATANIA Ρ 01/05/2004