2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48852

FILED Jan 12, 2006 Secretary of State

Entity Name: YOUTH CRISIS CENTER FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 3015 PARENTAL HOME ROAD JACKSONVILLE, FL 32216 US FEI Number: 59-3123710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATANIA, TOM 3015 PARENTAL HOME ORAD 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PATANIA, TOM Name: Name: 3015 PARENTAL HOME ROAD Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: CD () Delete Title: CD (X) Change () Addition Name: JOEL, ROBERT W Name: HUIE, JAY Address: 200 W. FORSYTH ST., #1600 Address: 13386 INTERNATIONAL PARKWAY City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32218 Title: () Delete Title: (X) Change () Addition STRICKLAND, DAVID M MILLER, JAMES A Name: Name: 6650 SOUTHPOINT PKWY, #100 Address: Address: 8100 NATIONS WAY City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: () Change () Addition BAKER, DAVID Name: Name: 50 N. LAURA ST, SUITE 3700 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM PATANIA PRES 01/12/2006