

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48852

FILED
Jan 22, 2007
Secretary of State

Entity Name: YOUTH CRISIS CENTER FOUNDATION, INC.

Current Principal Place of Business:

3015 PARENTAL HOME ROAD
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

3015 PARENTAL HOME ROAD
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3123710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PATANIA, TOM
3015 PARENTAL HOME ORAD
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

PATANIA, TOM PRES
3015 PARENTAL HOME ORAD
JACKSONVILLE, FL 32216 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: TOM PATANIA

01/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATANIA, TOM
Address: 3015 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32216

Title: CD () Delete
Name: HUIE, JAY
Address: 13386 INTERNATIONAL PARKWAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: STRICKLAND, DAVID M
Address: 8100 NATIONS WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: BAKER, DAVID
Address: 50 N. LAURA ST, SUITE 3700
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: STRICKLAND, DAVID M
Address: 300 WEST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: WALKER, JAMES V
Address: 228 PONTE VEDRA PARK DR., SUITE 200
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

P

01/22/2007

Electronic Signature of Signing Officer or Director

Date