

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48852

FILED
Feb 07, 2009
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 PRES
3015 PARENTAL HOME ROAD
JACKSONVILLE, FL 32216 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: P () Delete
Name: PATANIA, TOM
Address: 3015 PARENTAL HOME ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: CD () Delete
Name: HUIE, JAY
Address: 8679 S. HAMPSHIRE GLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D () Delete
Name: STRICKLAND, DAVID M
Address: 501 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: D () Delete
Name: WALKER, JAMES V
Address: 1102 A1A NORTH, #108
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: PAMELA MORGAN

VP

02/07/2009

Electronic Signature of Signing Officer or Director

Date