

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004687</b>	
1. Entity Name <b>PENTECOSTAL YOUTH FOR CHRIST, INC.</b>	
Principal Place of Business <b>4842 COUNTY ROAD 218 MIDDLEBURG, FL 32068</b>	Mailing Address <b>4842 COUNTY ROAD 218 MIDDLEBURG, FL 32068</b>



04152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3394784</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CERCY, RONALD A 4842 COUNTY ROAD 218 MIDDLEBURG, FL 32068</b>
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**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

X **SIGNATURE**

*[Handwritten Signature]*

**4-15-05**

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERCY, RONALD A 4842 COUNTY ROAD 218 MIDDLEBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HIGGINBOTHAM, TONY 2803 BARBARA LANE HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, SHANNON PO BOX 383 MACCLENNY, FL 32063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000324441  
04/22/05-80095-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

X **SIGNATURE:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-05 (904) 772-7611**  
Date Daytime Phone #