

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004865

FILED
Mar 21, 2007
Secretary of State

Entity Name: SUMTER COUNTY YOUTH CENTER, INC.

Current Principal Place of Business:

841 EAST STATE ROAD 48
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2092
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 59-3420461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, JR., WILLIAM E
1244 CR 443
LAKE PANASOFFKEE, FL 33538 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: S () Delete
Name: CONNELL, MARILYN
Address: 682 CR 778
City-St-Zip: WEBSTER, FL 33597

Title: T () Delete
Name: SEMBOWER, WILLIAM T
Address: 4866 CR 688
City-St-Zip: WEBSTER, FL 33597

Title: ED () Delete
Name: RAY, JR., WILLIAM E
Address: 1244 CR 443
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: P () Delete
Name: TERRY, TRINA
Address: 6667 CR 150
City-St-Zip: WILDWOOD, FL 34785

Title: D () Delete
Name: MCCOOK, SHARI
Address: P.O BOX 1894
City-St-Zip: BUSHNELL, FL 33513

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CONNELL, MARILYN
Address: 682 CR 778
City-St-Zip: WEBSTER, FL 33597

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

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

Title: S (X) Change () Addition
Name: TERRY, TRINA
Address: 6667 CR 150
City-St-Zip: WILDWOOD, FL 34785

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

Title: P () Change (X) Addition
Name: SPAUDE, WILLIAM C
Address: 616 ROLAND STREET
City-St-Zip: BUSHNELL, FL 33513

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: WILLIAM E. RAY, JR.

ED

03/21/2007

Electronic Signature of Signing Officer or Director

Date