

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005426

FILED
Feb 19, 2009
Secretary of State

Entity Name: YOUTH FOR CHRIST/HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

1119 US 27 SOUTH
SEBRING, FL 33870

New Principal Place of Business:

107 CIRCLE PARK DRIVE
SUITE 2
SEBRING, FL 33870

Current Mailing Address:

P.O. BOX 1526
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 65-0784096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATSANIS, ANDREW T
3605 WYNSTONE DRIVE
SEBRING, FL 33875 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: CD () Delete
Name: GRUBB, DALE
Address: 9205 C.R. 635
City-St-Zip: SEBRING, FL 33875

Title: TD () Delete
Name: KATSANIS, ANDREW
Address: 3605 WYNSTONE DRIVE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: PALMER-GOSE, PATTY
Address: 885 LAKE LOLELA DRIVE
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: STEVE, SWAN
Address: 109 CIRCLE PARK DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: LESLIE, COPELAND
Address: 404 NEWMAN ROAD
City-St-Zip: SEBRING, FL 33876

Title: D () Delete
Name: GREG, GRIFFIN
Address: 8 MALLARD DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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:

Title: SD (X) Change () Addition
Name: LESLIE, COPELAND
Address: 404 NEWMAN ROAD
City-St-Zip: SEBRING, FL 33876

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: DALE GRUBB

CD

02/19/2009

Electronic Signature of Signing Officer or Director

Date