

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007126

FILED
Mar 26, 2009
Secretary of State

Entity Name: SUMTER COUNTY YOUTH CHARITY, INC.

Current Principal Place of Business:

123 W. SEMINOLE AVENUE
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: 59-3485915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, BILLY
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: PD () Delete
Name: SPAUDE, WILLIAM (BIL)
Address: 616 ROLAND STREET
City-St-Zip: BUSHNELL, FL 33513

Title: VP () Delete
Name: FARMER, WILLIAM
Address: 14455 CR 751
City-St-Zip: WEBSTER, FL 33597

Title: TR () Delete
Name: SEMBOWER, WILLIAM
Address: P. O. 249
City-St-Zip: BUSHNELL, FL 33513

Title: S () Delete
Name: MCCOY, KAY
Address: 115 SOUTH BROAD STREET
City-St-Zip: BUSHNELL, FL 33513

Title: A/D () Delete
Name: BILLY, RAY
Address: 1244 CR 443
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FARMER, WILLIAM
Address: 14455 CR 751
City-St-Zip: WEBSTER, FL 33597

Title: D (X) Change () Addition
Name: SEMBOWER, WILLIAM
Address: P. O. 249
City-St-Zip: BUSHNELL, FL 33513

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

Title: A/T (X) Change () Addition
Name: BILLY, RAY
Address: 1244 CR 443
City-St-Zip: LAKE PANASOFFKEE, FL 33538

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: BILLY RAY

A/T

03/26/2009

Electronic Signature of Signing Officer or Director

Date