

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007126

FILED  
Mar 29, 2010  
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  
Name: SPAUDE, WILLIAM (BIL)  
Address: 616 ROLAND STREET  
City-St-Zip: BUSHNELL, FL 33513

Title: D  
Name: FARMER, WILLIAM  
Address: 14455 CR 751  
City-St-Zip: WEBSTER, FL 33597

Title: D  
Name: SEMBOWER, WILLIAM  
Address: P. O. 249  
City-St-Zip: BUSHNELL, FL 33513

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

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

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM (BIL) SPAUDE

PD

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date