2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9800000088

1. Entity Name

BAKER COUNTY YOUTH HOPE CENTER, INC.



FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90393 015 ****61.25

BANEH U	OUNIT TOUTH HUPE CENTE								
Principal Place STANY 99 W MACCLENNY F	te of Business EST 1-02000 MCIVEL AVE,	Mailing Address P.O. BOX 1064 MACCLENNY FL 32063							
MACC	LENNY ,FL 32063								
2. Principal F	Place of Business J MCIVER AVE	3. Mailing Address SAME				i i i i i i i i i i i i i i i i i i	ea ni ar ii ea ni ar ii :	HEL 1811 1881	
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF M	AKING CHANGES		
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	LENNY, FL	City & State		4.	FEI Number 59	+3493025 	N	oplied For ot Applicable	
zip ろみ	063 BAKER	Zip	Country	5.	Certificate of Sta	atus Desired [See Require		,
	6. Name and Address of Current F	Registered Agent	None	7.	Name and Addr	ress of New Regis	tered Agent		
חספורם	DUVILIO M	المتعارضين فعدين الأالات والمتاكمين	Name		-< ->- 1-2	فقد بيداري تحاسبالينه	<u>- 4.</u>		ľ
	PHYLLIS M IT CALL STREET		Street Ad	idress (P.O. E	Box Number is N	lot Acceptable)			l
	FL 32091								ĺ
3	•		City				FL Zip Coo	le	
8. The above	e named entity submits this statement for	the purpose of changing its	registered office or	registered ag	ent, or both, in t	he State of Florida	I am familiar with,	and accept	
the obliga	tions of registered agent.	,							
SIGNATURE									ļ
0.0	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signatur	re required when r	einetating)		DATE	ì	
			- Taglotolda rigani olgilala		oniatating)				
	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C	npaign Financing	\$ 5 .	00 May Be		Check Payable Department of		
	FILE NOW: FEE IS \$61.25	Trust Fund C	npaign Financing ontribution.	\$5. □ Adde	00 May Be ed to Fees	Florida D	Check Payable Department of	State	
10.	1	Trust Fund C	npaign Financing	\$5. □ Adde	00 May Be ed to Fees	Florida D	Check Payable	State	(6)
10. TITLE NAME	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	Trust Fund C	npaign Financing ontribution. [\$5. Adde	00 May Be ed to Fees	Florida C	Check Payable Department of	State	(40/05)
10. TITLE NAME STREET ADDRESS	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR PMD WEST, CARL L PROPRESS HEAD	Trust Fund C	npaign Financing ontribution.	\$5. Adde	00 May Be ed to Fees	Florida DES TO OFFICERS A	Check Payable Department of IND DIRECTORS IN	State	(10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR	Trust Fund C	npaign Financing ontribution. [11. TITLE NAME STREET ADDRESS	\$5. Adde	00 May Be ed to Fees	Florida C	Check Payable Department of IND DIRECTORS IN	State	B9Eno7 (10/09)
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR OFFICERS AND DIR PMD WEST, CARL L PROPERTY 1988 MACCLENNY FL 32063 D HARVEY, ALANA	Trust Fund Concepts Delete	npaign Financing ontribution. [] 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5. Adde	00 May Be ed to Fees	Florida DES TO OFFICERS A	Check Payable Department of MID DIRECTORS IN Change	State N 10 Addition	CB9Ena7 (10/09)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR OFFICERS AND	Trust Fund Concepts Delete	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5. Adde	00 May Be ed to Fees	Florida D ESTO OFFICERS A FL 3204 ER WRD	Check Payable Department of MID DIRECTORS IN Change	State N 10 Addition	CB9Ena7 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR OFFICERS AND DIR OFFICERS AND DIR WEST, CARL L FROM HICH MACCLENNY FL 32063 D HARVEY, ALANA RT 1 450 DOGWOOD ST JACKSONVILLE FL 32246	Trust Fund C	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDIT RUISE 101530 MARO LANKFI LENNAR	00 May Be ed to Fees TIONS/CHANGE SALEHTA TORD, ROS EDNORMA	Florida D ESTO OFFICERS A FL 3204 ER NR)	Check Payable Department of MD DIRECTORS IN Change	State N 10 Addition	CB9Ena7 (10/09)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR OFFICERS AND	Trust Fund Concepts Delete	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDIT RUISE 101530 MARO LANKFI LENNAR	00 May Be ed to Fees TIONS/CHANGE SALEHTA TORD, ROS EDNORMA	Florida D ESTO OFFICERS A FL 3204 ER NR)	Check Payable Department of MID DIRECTORS IN Change	State N 10 Addition	CB9Ena7 (10/09)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FILE NOW: FEE IS \$61.25 OFFICERS AND DIR PMD WEST, CARL L PROBLEM 4863 MACCLENNY FL 32063 D HARVEY, ALANA RT 1 450 DOGWOOD ST JACKSONVILLE FL 32246 D YARBOROUGH, ED ROUTE 1 BOX 420 SANDERSON FL 32087 D	Trust Fund C	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDIT RUISE 101530 MARO LANKFI LENNAR	00 May Be ed to Fees TIONS/CHANGE SALEHTA TORD, ROS EDNORMA	Florida D ESTO OFFICERS A FL 3204 ER NR)	Check Payable Department of MD DIRECTORS IN Change	State N 10 Addition	CB9Ena7 (10/09)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR PMD WEST, CARL L PROBLEM 4662 MACCLENNY FL 32063 D HARVEY, ALANA RT 1 450 DOGWOOD ST JACKSONVILLE FL 32246 D YARBOROUGH, ED ROUTE 1 BOX 420 SANDERSON FL 32087 D LORETTA, WEST 4209 HICKORY ST MACCLENNY FL 32063	Trust Fund Control	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDIT RUISE 101530 MARO LANKFI LENNAR	00 May Be ed to Fees TIONS/CHANGE SALEHTA TORD, ROS EDNORMA	Florida D ESTO OFFICERS A FL 3204 ER NR)	Check Payable Department of MD DIRECTORS IN Change	State N 10 Addition Addition Addition	CB2En24 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR PMD WEST, CARL L PROBLEM 4862 4 200 HICH MACCLENNY FL 32063 D HARVEY, ALANA RT 1 450 DOGWOOD ST JACKSONVILLE FL 32246 D YARBOROUGH, ED ROUTE 1 BOX 420 SANDERSON FL 32087 D LORETTA, WEST 4209 HICKORY ST MACCLENNY FL 32063 D GRIFFIS, FRANKLIN PMO-BOX-584 GLEN ST. MARY FL 32040 S	Trust Fund Control	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDIT RUISE 101530 MARO LANKFI LENNAR	00 May Be ed to Fees TIONS/CHANGE SALEHTA TORD, ROS EDNORMA	Florida D ESTO OFFICERS A FL 3204 ER NR)	Check Payable Department of MD DIRECTORS IN Change	State N 10 Addition Addition Addition	CB9E027 (10/09)
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

SIGNATURE:

AMILIATISED

3/16/63 (904) 259-1735