

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

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

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

DOCUMENT # N98000000088
1. Entity Name
BAKER COUNTY YOUTH HOPE CENTER, INC.



Principal Place of Business
~~US HWY 90 WEST~~
~~MACLENNY FL 32063~~
65 W MCIVER AVE.
MACLENNY, FL 32063

Mailing Address
P.O. BOX 1064
MACLENNY FL 32063

2. Principal Place of Business
65 W MCIVER AVE.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
MACLENNY, FL
Zip
32063

City & State
Zip
Country

4. FEI Number **59-3493025**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ROSIER, PHYLLIS M
100 WEST CALL STREET
STARKE FL 32091

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD WEST, CARL L PRO BOX 1004 (4209 HICKORY ST.) MACLENNY FL 32063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARVEY, ALANA RT 1 450 DOGWOOD ST JACKSONVILLE FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, ED ROUTE 1 BOX 420 SANDERSON FL 32087 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORETTA, WEST 4209 HICKORY ST MACLENNY FL 32063 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIS, FRANKLIN P.O. BOX 584 (HWY 125 S. GLEN) GLEN ST. MARY FL 32040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, DAVID 7628 RAMBLER ROAD JACKSONVILLE FL 32244 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RUISE, SDE 10153 ORA RUISE RD MARGARETTA FL 32040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANKFORD, ROGER LEONARD NORMAN RD MACLENNY, FL 32063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] **3/16/03 (904) 259-1735**

CR2E037 (10/02)