

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41049

Entity Name: YOUTH FOR CHRIST OF POLK COUNTY, INC.**Current Principal Place of Business:**400 EAGLE LAKE LOOP RD. E
WINTER HAVEN, FL 33884**Current Mailing Address:**P. O. BOX 2584
WINTER HAVEN, FL 33883 US**FEI Number:** 59-3044336**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FEAR, CHRISTOPHER M.
1211 ROLLING WOODS LANE
LAKELAND, FL 33813 US*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:** CHRISTOPHER M. FEAR

02/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SWENSON, KENNETH D
Address P. O. BOX 2584
City-State-Zip: WINTER HAVEN FL 33883

Title DS
Name LOUPE, JOYCE
Address P. O. BOX 2584
City-State-Zip: WINTER HAVEN FL 33883

Title DIRECTOR
Name HOLM, ERIC S
Address P. O. BOX 2584
City-State-Zip: WINTER HAVEN FL 33883

Title VC
Name ALLISON, ROBERT K DR.
Address P. O. BOX 2584
City-State-Zip: WINTER HAVEN FL 33883

Title DIRECTOR
Name FEAR, CHRISTOPHER M
Address P. O. BOX 2584
City-State-Zip: WINTER HAVEN FL 33883

Title CHAIRMAN
Name DUNSON, LISA
Address PO BOX 2584
City-State-Zip: WINTER HAVEN FL 33883-2584

Title DIRECTOR
Name HARDY, JOSIE M
Address PO BOX 2584
City-State-Zip: WINTER HAVEN FL 33883-2584

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: LISA DUNSON

CHAIRMAN

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date