# 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: KENNETH D. SWENSON

Electronic Signature of Signing Officer/Director Detail

## 2022 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

#### Name and Address of Current Registered Agent:

FEAR, CHRISTOPHER M. ONE LAKE MORTON DRIVE LAKELAND, FL 33801 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                      |                 |                          | 01/26/2022 |
|---------------------------|------------------------------------------|-----------------|--------------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                          | Date       |
| Officer/Director Detail : |                                          |                 |                          |            |
| Title                     | CHAIRMAN                                 | Title           | DS                       |            |
| Name                      | SWENSON, KENNETH D                       | Name            | LOUPE, JOYCE             |            |
| Address                   | P. O. BOX 2584                           | Address         | P. O. BOX 2584           |            |
| City-State-Zip:           | WINTER HAVEN FL 33883                    | City-State-Zip: | WINTER HAVEN FL 33883    |            |
| Title                     | TREASURER                                | Title           | DIRECTOR                 |            |
| Name                      | BOYCE, BRIAN                             | Name            | HOLM, ERIC S             |            |
| Address                   | P. O. BOX 2584                           | Address         | P. O. BOX 2584           |            |
| City-State-Zip:           | WINTER HAVEN FL 33883                    | City-State-Zip: | WINTER HAVEN FL 33883    |            |
| Title                     | DIRECTOR                                 | Title           | DIRECTOR                 |            |
| Name                      | ALLISON, ROBERT K DR.                    | Name            | FEAR, CHRISTOPHER M      |            |
| Address                   | P. O. BOX 2584                           | Address         | P. O. BOX 2584           |            |
| City-State-Zip:           | WINTER HAVEN FL 33883                    | City-State-Zip: | WINTER HAVEN FL 33883    |            |
| Title                     | VC                                       | Title           | DIRECTOR                 |            |
| Name                      | DUNSON, LISA                             | Name            | HARDY, JOSIE M           |            |
| Address                   | PO BOX 2584                              | Address         | PO BOX 2584              |            |
| City-State-Zip:           | WINTER HAVEN FL 33883-2584               | City-State-Zip: | WINTER HAVEN FL 33883-25 | 584        |

**CHAIRMAN** 

01/26/2022 Date

FILED Jan 26, 2022 Secretary of State 4118820463CC

Certificate of Status Desired: Yes