

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 16, 2009  
Secretary of State**

DOCUMENT# F99000005353

Entity Name: YOUTH ADVOCATE PROGRAMS, INC.

**Current Principal Place of Business:**

2007 NORTH THIRD STREET  
HARRISBURG, PA 17102

**New Principal Place of Business:**

**Current Mailing Address:**

2007 NORTH THIRD STREET  
HARRISBURG, PA 17102

**New Mailing Address:**

FEI Number: 23-1977514      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

STOTTLEMYER II, RICHARD  
HILLSBOROUGH COUNTY ADVOCATE PROGRAM  
8900 NORTH ARMENIA AVE, SUITE 308  
TAMPA, FL 33604 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: P ( ) Delete  
Name: BROWN-SOW, LYNETTE  
Address: 2007 NORTH THIRD STREET  
City-St-Zip: HARRISBURG, PA 17102

Title: T ( ) Delete  
Name: HORSEY, MICHAEL  
Address: ONE LOGAN SQUARE, 29TH FLOOR  
City-St-Zip: PHILADELPHIA, PA 19103

Title: ST ( ) Delete  
Name: FRYE, NEELY T  
Address: 939 PARISH PLACE  
City-St-Zip: HUMMELSTOWN, PA 17036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: SNYDER, JAY  
Address: 6297 FARMERS LANE  
City-St-Zip: HARRISBURG, PA 17111

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNETTE BROWN-SOW

P

03/16/2009

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

\_\_\_\_\_  
Date