


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

JAN 10 2006

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # F99000005353 1. Entity Name YOUTH ADVOCATE PROGRAMS, INC.	
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Principal Place of Business 2007 NORTH THIRD STREET HARRISBURG, PA 17102	Mailing Address 2007 NORTH THIRD STREET HARRISBURG, PA 17102
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01052006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

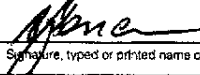
4. FEI Number 23-1977514	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLVILLE, SPENCER
HILLSBOROUGH COUNTY ADVOCATE PROGRAM
8900 NORTH ARMENIA AVE, SUITE 308
TAMPA, FL 33604

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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:  /19/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) /DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEFFERS, THOMAS J 2007 NORTH THIRD STREET HARRISBURG, PA 17102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZONIS, JEFF 16676 N 108TH STREET SCOTTSDALE, AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNYDER, JOSEPH A 1152 DRAYMORE COURT RD #4 HUMMELSTOWN, PA 17036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000531537
05/06/06-80048-D10 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #