

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005156

FILED
Aug 06, 2009
Secretary of State

Entity Name: UNITED YOUTH COMMUNITY SERVICES, INC.

Current Principal Place of Business:

P.O.BOX 617442
ORLANDO, FL 32861

New Principal Place of Business:

4921 OLD WINTER GARDEN ROAD
ORLANDO, FL 32811

Current Mailing Address:

P.O.BOX 617442
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 31-1728439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VICKSON, DOLLIE
2215 RAVENALL AVE
ORLANDO, FL 32811 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VICKSON, DOLLIE
Address: 2215 RAVENALL AVE
City-St-Zip: ORLANDO, FL 32811

Title: VP () Delete
Name: VICKSON, O.M.
Address: 2215 RAVENALL AVE.
City-St-Zip: ORLANDO, FL 32811

Title: ED () Delete
Name: VISMALE, ANNIE
Address: 6677 MAGNOLIA POINT CIRCLE
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: COOPER, CARL
Address: 2215 RAVENALL AVE.
City-St-Zip: ORLANDO, FL 32811

Title: AD () Delete
Name: BARNES, SHEILA
Address: 2215 RAVENALL AVE
City-St-Zip: ORLANDO, FL 32811

Title: OD () Delete
Name: WALME, BELINDA
Address: 2215 RAVENALL AVENUE
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: DOLLIE VICKSON

P

08/06/2009

Electronic Signature of Signing Officer or Director

_____ Date