

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005669

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: BRAVE YOUTH & SPORTS FOUNDATION CORPORATION

**Current Principal Place of Business:**

1021 SW 85 AVE  
PEMBROKE PINES, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

1021 SW 85 AVE  
PEMBROKE PINES, FL 33025

**New Mailing Address:**

FEI Number: 80-0222716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KANE, HARLEY N  
4800 N FEDERAL HWY #101E  
BOCA RATON, FL 33431 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: ED ( ) Delete  
Name: STUART, LEONARD  
Address: 1021 SW 85 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: STUART, INGRID  
Address: 1021 SW 85 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: STUART, LENVILLE  
Address: 1021 SW 85 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: STUART, AKEEM  
Address: 1021 SW 85 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete  
Name: TYNES, DENZIL  
Address: P.O. BOX F-44633  
City-St-Zip: FREEPORT, BAHAMAS, XX

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

Title: P (X) Change ( ) Addition  
Name: STUART, LEONARD  
Address: 1021 SW 85 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP (X) Change ( ) Addition  
Name: STUART, INGRID  
Address: 1021 SW 85 AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

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: LEONARD STUART

P

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date