

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004833

FILED
Jan 07, 2009
Secretary of State

Entity Name: YOUNG SINGERS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

701 OKEECHOBEE BLVD.
SUITE 305
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

701 OKEECHOBEE BLVD.
SUITE 305
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 30-0193514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERSON, ERIC R
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

MCALICE, TIMOTHY J
18315 LITTLE OAKS DRIVE
JUPITER, FL 33458 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: TIMOTHY MCALICE

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MD () Delete
Name: CLARK, BETH
Address: 701 OKEECHOBEE BLVD, STE 305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: AD () Delete
Name: BERRY, SHAWN
Address: 701 OKEECHOBEE BLVD., STE. 305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P () Delete
Name: GONZALEZ, H R JR.
Address: 701 OKEECHOBEE BLVD., STE. 305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP () Delete
Name: MCALICE, TIMOTHY J
Address: 701 OKEECHOBEE BLVD, STE. 305
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Delete
Name:
Address:
City-St-Zip:

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: T () Change (X) Addition
Name: CHILDERS, RICHARD
Address: 701 OKEECHOBEE BLVD. SUITE 305
City-St-Zip: WEST PALM BEACH, FL 33401

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: TIMOTHY J MCALICE

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01/07/2009

Electronic Signature of Signing Officer or Director

Date