

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003746

FILED
Mar 25, 2009
Secretary of State

Entity Name: 88 WAYS YOUTH FOUNDATION, INC

Current Principal Place of Business:

510 W 2ND ST
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

510 W 2ND ST
LAKELAND, FL 33805 US

New Mailing Address:

FEI Number: 26-2386142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, DESMOND
510 W 2ND ST
LAKELAND, FL 33805 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: CLARK, DESMOND
Address: 510 W 2ND ST
City-St-Zip: LAKELAND, FL 33805 US

Title: VP () Delete
Name: CLARK, EDWARD P JR
Address: 510 W 2ND ST
City-St-Zip: LAKELAND, FL 33805 US

Title: EDIR () Delete
Name: CLARK, CYNTHANIA
Address: 510 W 2ND ST
City-St-Zip: LAKELAND, FL 33805 US

Title: DIR () Delete
Name: LANGSTON, NANCY
Address: 510 W 2ND ST
City-St-Zip: LAKELAND, FL 33805 US

Title: DIR () Delete
Name: CHAMBERS, TERRI
Address: 510 W 2ND ST
City-St-Zip: LAKELAND, FL 33805 US

Title: DIR () Delete
Name: BARNES, CORY J
Address: 510 W 2ND ST
City-St-Zip: LAKELAND, FL 33805 US

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
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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: CYNTHANIA CLARK

EDIR

03/25/2009

Electronic Signature of Signing Officer or Director

Date