

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003534

FILED
Apr 02, 2009
Secretary of State

Entity Name: PS YOUTH OUTREACH CENTER, INC.

Current Principal Place of Business:

4111 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

7028 NW 49TH STREET
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 20-3907723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCOTT, PAULA S
7028 NW 49TH STREET
LAUDERHILL, FL 33319 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: DP () Delete
Name: SCOTT, PAULA S
Address: 7028 NW 49TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: VP () Delete
Name: RICHARDS, JOYCE E RN
Address: 4824 NW 4TH DRIVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: T () Delete
Name: RICHARDS, MARSHA S PD
Address: 4011 NW 92ND AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: SEC () Delete
Name: LEWIN, PHILLIPA
Address: 640 SW 29TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D () Delete
Name: ANDERSON, JOAN P
Address: 1712 NW 13TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D () Delete
Name: CAMPBELL, BARBARA
Address: 151 NW 115TH AVENUE
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RICHARDS, JOYCE E RN
Address: 4824 NW 14TH DRIVE
City-St-Zip: COCONUT CREEK, FL 33063

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: PAULA S. SCOTT

DP

04/02/2009

Electronic Signature of Signing Officer or Director

Date