

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004706

**FILED  
Mar 22, 2013  
Secretary of State  
CC3065266692**

**Entity Name:** AMERICAN ASSOCIATION OF CAREGIVING YOUTH, INC.

**Current Principal Place of Business:**

1515 N. FEDERAL HWY  
#218  
BOCA RATON, FL 33432

**Current Mailing Address:**

1515 N. FEDERAL HWY  
#218  
BOCA RATON, FL 33432 US

**FEI Number:** 65-0866677

**Certificate of Status Desired:** No

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

SISKOWSKI, CONNIE  
2021 NW 53 RD ST  
BOCA RATON, FL 33496 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

**Officer/Director Detail :**

Title P  
Name SISKOWSKI, CONNIE PHD  
Address 2021 NW 53RD ST  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name EAGLE, GAIL  
Address 6622 NW 25TH WAY  
City-State-Zip: BOCA RATON FL 33496

Title D  
Name TIFT, TOM PHD  
Address 249 NW 10TH CT  
City-State-Zip: BOCA RATON FL 33486

Title C  
Name HANSEN, MARK  
Address 6226 NW 84TH TERRACE  
City-State-Zip: PARKLAND FL 33067

Title V  
Name ALDERSON, PAULA  
Address 500 SE MIZNER BLVD., #203A  
City-State-Zip: BOCA RATON FL 33432

Title T  
Name WALTERS, SCOTT  
Address 19261 BAY LEAF COURT  
City-State-Zip: BOCA RATON FL 33498

*I hereby 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 all other like empowered.*

**SIGNATURE:** CONNIE SISKOWSKI

**PRESIDENT**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date