



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90080 048 ****70.00

DOCUMENT # 707305 1. Entity Name HANDICAPPED YOUNG ADULTS SOCIAL CLUB, INC.					
Principal Place of Business 10641 41ST CT N CLEARWATER, FL 33762			Mailing Address P.O. BOX 47461 ST. PETERSBURG, FL 33743		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03072005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1092984	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent TURNER, ROBERT H 6110 MYAKKA VALLEY TRL. SARASOTA, FL 34241		7. Name and Address of New Registered Agent Name Al dela LASTRA Street Address (P.O. Box Number is Not Acceptable) 730 CAPRI BLVD City TREASURE ISLAND FL 33706-1040			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Al dela Lastra</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE March 8, 2005 <small>(NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENTON, CINDY 3453-15TH AVE. N. SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Al dela LASTRA 730 CAPRI BLVD TREASURE ISLAND, FL 33706-1040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SENICK, JUDY 12551 FRANK DR. N SEMINOLE, FL 33776	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY EVA L. BOYD 10641 41ST COURT NORTH CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURNER, ROBERT H 6110 MYAKKA VALLEY TRL. SARASOTA, FL 34241	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Al dela Lastra</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE March 8, 2005 (727) 367-2778 <small>Date Daytime Phone #</small>			