

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90036 007 ****61.25

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

20004670



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1092984

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELA LASTRA, AL
730CAPRI BLVD
TREASURE ISLAND, FL 33706-1040

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 D ☐ Delete
NAME BENTON, CINDY
STREET ADDRESS 3453-15TH AVE. N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SENICK, JUDY
STREET ADDRESS 12551 FRANK DR. N
CITY-ST-ZIP SEMINOLE, FL 33776

TITLE D ☐ Change ☒ Addition
NAME LORINE BLANCHARD
STREET ADDRESS 6166 71st ST N.
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE SD ☐ Delete
NAME BOYD, EVA L
STREET ADDRESS 10641 41ST COURT NORTH
CITY-ST-ZIP CLEARWATER, FL 33762

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME DELA LASTRA, AL
STREET ADDRESS 730 CAPRI BLVD
CITY-ST-ZIP TREASURE ISLAND, FL 337061040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME PELL, JUDY
STREET ADDRESS 6443 34TH AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

AL de la Lastra

JAN 18, 2007

727-367-2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AL DELALASTRA