2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# 707305

Entity Name: HANDICAPPED YOUNG ADULTS SOCIAL CLUB, INC.

Current Principal Place of Business:

6443 34TH AVE N
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47461
ST. PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 59-1092984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PELL, JUDY L
6443 34TH AVE N
ST PETERSBURG, FL 33710 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: PD ( ) Delete
Name: DELALASTRA, AL
Address: 730 CAPRI BLVD.
City-St-Zip: TREASURE ISLAND,, FL 337061040

Title: TD ( ) Delete
Name: PELL, JUDY L
Address: 6443 34TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D ( ) Delete
Name: BENTON, CINDY
Address: 3453-15TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete
Name: BLANCHARD, LORINE
Address: 6166 71ST ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D ( ) Delete
Name: PELL, JERRY
Address: 6443 34TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D ( ) Delete
Name: DELA LASTRA, MARY
Address: 730 CAPRI BLVD
City-St-Zip: TREASURE ISLAND, FL 337061040

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
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: JUDY L./ PELL TD 03/19/2009

Electronic Signature of Signing Officer or Director — Date