2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707305

FILED Apr 26, 2011 Secretary of State

Entity Name: HANDICAPPED YOUNG ADULTS SOCIAL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

6443 34TH AVE N ST PETERSBURG, FL 33710

Current Mailing Address: New Mailing Address:

P.O. BOX 47461

ST. PETERSBURG, FL 33743

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

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

PELL, JUDY L 6443 34TH AVE N ST PETERSBURG, FL 33710 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.

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SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: DELALASTRA, AL Address: 730 CAPRI BLVD.

City-St-Zip: TREASURE ISLAND,, FL 337061040

Title: TD

Name: PELL, JUDY L Address: 6443 34TH AVE N

City-St-Zip: SAINT PETERSBURG, FL 33710

Title: SD

Name: RUSSELL, JODIE Address: P.O. BOX 47461

City-St-Zip: SAINT PETERSBURG, FL 33743

Title: VP

Name: RUSSELL, DAVID Address: P.O. BOX 47461

City-St-Zip: SAINT PETERSBURG, FL 33743

Title: [

Name: PELL, JERRY Address: 6443 34TH AVE N

City-St-Zip: SAINT PETERSBURG, FL 33710

Title:

Name: DELA LASTRA, MARY Address: 730 CAPRI BLVD

City-St-Zip: TREASURE ISLAND, FL 337061040

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: JUDY L. PELL TRES 04/26/2011