2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2012
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 ( )**

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

Title: D
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 04/15/2012
Electronic Signature of Signing Officer or Director Date