2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 09, 2009
Secretary of State

DOCUMENT# 717585

Entity Name: YOUTH HAVEN, INC.

Current Principal Place of Business:

5867 WHITAKER ROAD
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

5867 WHITAKER ROAD
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 23-7065187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURKE, WILLIAM
BOND, SCHOENECK & KING, PA
4001 TAMIAMI TRAIL NORTH, SUITE 404
NAPLES, FL 34103 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: P ( ) Delete
Name: MARSHALL, BRADFORD K
Address: 3054 DRIFTWOOD WAY #4504
City-St-Zip: NAPLES, FL 34109

Title: VP ( ) Delete
Name: JONES, SUSAN S
Address: 1135 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: VP ( ) Delete
Name: BOYD, CAROL B
Address: 6613 GEORGE WASHINGTON WAY
City-St-Zip: NAPLES, FL 34108

Title: S ( ) Delete
Name: GABLE, JANET F
Address: 376 YUCCA ROAD
City-St-Zip: NAPLES, FL 34102

Title: T ( ) Delete
Name: JOHNSON, CATHI A
Address: 2264 OUTRIGGER LANE
City-St-Zip: NAPLES, FL 34104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: CEO ( ) Change (X) Addition
Name: MCSWINEY, CHARLES R
Address: 1872 TIMARRON WAY
City-St-Zip: NAPLES, FL 34109

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: BRADFORD K MARSHALL P 06/09/2009

Electronic Signature of Signing Officer or Director — Date