

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 09, 2006
Secretary of State

DOCUMENT# 753764

Entity Name: THE CHI CHI RODRIGUEZ, YOUTH FOUNDATION, INC.**Current Principal Place of Business:**3030 N. MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761 US**New Principal Place of Business:****Current Mailing Address:**3030 N. MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761 US**New Mailing Address:****FEI Number:** 59-2017124**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HENDERSON, JEFFERSON
3030 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761 US**Name and Address of New Registered Agent:**STIFF, CARY
3030 MCMULLEN BOOTH ROAD
CLEARWATER, FL 33761 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.

SIGNATURE: CARY STIFF

11/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: JAMES, THOMAS A
Address: 3030 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761**Title:** CD () Delete
Name: RODRIGUEZ, CHI CHI,
Address: 3030 MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761**Title:** P () Delete
Name: HENDERSON, JEFFERSON
Address: 3030 N. MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SRVP (X) Change () Addition
Name: STIFF, CARY
Address: 3030 N. MCMULLEN BOOTH ROAD
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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: CARY STIFF

SRVP

11/09/2006

Electronic Signature of Signing Officer or Director

Date