

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000590

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** YESTERDAY, TODAY, TOMORROW, INC.

**Current Principal Place of Business:**

1901 HIGHWAY 14  
LAKE CHARLES, LA 70601

**New Principal Place of Business:**

**Current Mailing Address:**

11900 BISCYNE BLVD SUITE 262  
MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 72-1268753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, PATRICA K  
C/O STEARNS WEAVER ET AL  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130 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: PAPPION, RHON C  
Address: 1901 HIGHWAY 14  
City-St-Zip: LAKE CHARLES, LA 70601

Title: VT ( ) Delete  
Name: JONES, CHESTER J  
Address: 711 RHODES STREET  
City-St-Zip: LAKE CHARLES, LA 70601

Title: SD (X) Delete  
Name: MAYNE, DORIS M  
Address: 1712 17TH STREET  
City-St-Zip: LAKE CHARLES, LA 70601

**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:

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: CHESTER JONES

VT

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date