

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005830

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** THE WILLIAM W. AND ANNA LOUISE YOUNG FOUNDATION, INC.

**Current Principal Place of Business:**

HARBOURS EDGE, 401 E. LINTON BLVD.  
APT. #277  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

120 E. PALMETTO PARK ROAD  
SUITE 450  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 65-1036482      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROSENTHAL, ALAN B ESQ.  
120 EAST PALMETTO PARK ROAD  
SUITE 450  
BOCA RATON, FL 33432 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:** D  
**Name:** YOUNG, ANNA L  
**Address:** HARBOURS EDGE, 401 E. LINTON BLVD.,APT.277  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** D  
**Name:** LITTELL, JEAN  
**Address:** P.O. BOX 21282  
**City-St-Zip:** HILTON HEAD ISLAND, SC 29925

**Title:** D  
**Name:** REDGRAVE, ARTHUR R  
**Address:** 120 EAST PALMETTO PARK RD STE 450  
**City-St-Zip:** BOCA RATON, FL 33432

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: ARTHUR R. REDGRAVE

D

04/12/2010

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

\_\_\_\_\_  
Date