2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N01000000264

Entity Name: THE BOB BEAMON ORGANIZATION FOR YOUTH, INC.

Current Principal Place of Business:

2221 NE 164 STREET
359
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

2221 NE 164 STREET
#359
AVENTURA, FL 33160 US

New Mailing Address:

FEI Number: 65-1069787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOGENSEN & ASSOCIATES CPA
9360 SUNSET DRIVE
SUITE 287
MIAMI, FL 33173 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:	PC	( ) Delete
Name:	BEAMON, BOB	
Address:	PO BOX 82002	
City-St-Zip:	AVENTURA, FL 332802002 US	
Title:	D	(X) Delete
Name:	CLINE, MIKE L	
Address:	PO BOX 802002	
City-St-Zip:	AVENTURA, FL 332802002 US	
Title:	D	( ) Delete
Name:	GUERIN, SUSAN	
Address:	PO BOX 802002	
City-St-Zip:	AVENTURA, FL 332802002 US	
Title:	D	( ) Delete
Name:	HOFING, SID	
Address:	PO BOX 802002	
City-St-Zip:	AVENTURA, FL 332802002 US	
Title:	D	( ) Delete
Name:	WALKER, JOEY	
Address:	PO BOX 802002	
City-St-Zip:	AVENTURA, FL 332802002 US	

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:	

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: BOB BEAMON PRES 05/01/2009
Electronic Signature of Signing Officer or Director — Date