

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002624

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** XPRESS YOUTH DEVELOPMENT INSTITUTE, INC.

**Current Principal Place of Business:**

4821 N.W. 19TH STREET  
COCONUT CREEK, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

4821 N.W. 19TH STREET  
COCONUT CREEK, FL 33063

**New Mailing Address:**

**FEI Number:** 65-1101198      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

BALLARD, JOSEPH PRES  
4821 N.W. 19TH STREET  
COCONUT CREEK, FL 33063      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BALLARD, JOSEPH PRES  
Address: 4821 N.W. 19TH STREET  
City-St-Zip: COCONUT CREEK, FL 33063

Title: VTD      ( ) Delete  
Name: BALLARD, VATINA V-PRES  
Address: 4821 N.W. 19TH STREET  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D      ( ) Delete  
Name: BALLARD, JOSEPH JR  
Address: 355 W. DAYTON CIR.  
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D      ( ) Delete  
Name: LESANE, DEBRA  
Address: 2051 N W 1ST AVENUE  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D      ( ) Delete  
Name: LAWSON, WILLIE III  
Address: 510 E. MCNAB RD. #10  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D      ( ) Delete  
Name: HUMPHRIES, ANNIE M  
Address: 1861 N W 7TH TERRACE  
City-St-Zip: POMPANO BEACH, FL 33060

**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:      ( ) 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: JOSEPH BALLARD, SR.

PRES

05/03/2009

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

\_\_\_\_\_  
Date