

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008714

FILED
Apr 09, 2009
Secretary of State

Entity Name: RECOVERY AND EMPOWERMENT FOR FAMILY AND YOUTH SERVICES CENTER, INC.

Current Principal Place of Business:

6653 HERMOSA BEACH LANE
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

6653 HERMOSA BEACH LANE
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 30-0093284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINT-VIL, ESPERANTA P
6653 HERMOSA BEACH LANE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

SAINT-VIL, ESPERANTA
6653 HERMOSA BEACH LANE
DELRAY BEACH, FL 33446 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: ESPERANTA SAINTVIL

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DOP () Delete
Name: SAINT-VIL, ESPERANTA P
Address: 6653 HERMOSA BEACH LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: D (X) Delete
Name: SAINTVIL, JEREMIE
Address: 6653 HERMOSA BEACH LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: DS () Delete
Name: VIEUX, IMMACULA
Address: 6653 HERMOSA BEACH LANE
City-St-Zip: DELRAY BEACH, FL 33446

Title: DT () Delete
Name: GARCIA, MARIANNE C
Address: 5515 BAJA TERRACE
City-St-Zip: GREENACRES, FL 33463

Title: DVP () Delete
Name: SAINT VIL, PAULINE
Address: 6653 HERMOSA BEACH LANE
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DOP (X) Change () Addition
Name: SAINT-VIL, ESPERANTA
Address: 6653 HERMOSA BEACH LANE
City-St-Zip: DELRAY BEACH, FL 33446

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: ESPERANTA SAINTVIL

DOP

04/09/2009

Electronic Signature of Signing Officer or Director

Date