

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

DOCUMENT# N01000008714

**FILED**  
**Jun 01, 2010**  
**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:**

3421 TUSCANY WAY  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

6653 HERMOSA BEACH LANE  
DELRAY BEACH, FL 33446

**New Mailing Address:**

3421 TUSCANY WAY  
BOYNTON BEACH, FL 33435

**FEI Number:** 30-0093284      **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:**

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

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

SAINT-VIL, ESPERANTA  
3421 TUSCANY WAY  
BOYNTON BEACH, FL 33435      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

06/01/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: DVP  
Name: SAINT VIL, PAULINE  
Address: 3421 TUSCANY WAY  
City-St-Zip: BOYNTON BEACH, FL 33435

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: ESPERANTA SAINTVIL

MRS.

06/01/2010

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

\_\_\_\_\_  
Date