

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008739

FILED  
Jul 24, 2009  
Secretary of State

**Entity Name:** DELRAY YOUTH ENRICHMENT DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

601 NORTH CONGRESS AVE  
SUITE 110  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

601 NORTH CONGRESS AVE  
SUITE 110  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 80-0020306      **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:**

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

KATHLEEN W. SCHOENBERG, PA  
14545 J. MILITARY TR. #226  
DELRAY BEACH, FL 33484      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: PRES      ( ) Delete  
Name: FLYNN, EDWARD  
Address: 300 W. ATLANTIC AVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DIR      ( ) Delete  
Name: GORANSON, KAREN  
Address: 232 DIXIE BLVD.  
City-St-Zip: DELRAY BEACH, FL 33444

Title: TRES      ( ) Delete  
Name: WALTHER, SHARON  
Address: 5870 NW 104TH LANE  
City-St-Zip: PARKLAND, FL 33076

Title: DIR      ( ) Delete  
Name: KNABB, HAL  
Address: 1225 NW 4TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: DIR      ( ) Delete  
Name: PUN, LOVE  
Address: 900 5 PITRIZZA  
City-St-Zip: LAKE WORTH, FL 33467

Title: DIR      (X) Delete  
Name: CANTAVE, JOSETTE  
Address: 10135 AQUA VISTA WAY  
City-St-Zip: BOCA RATON, FL 33428

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: WALTHER, SHARON  
Address: 5870 NW 104TH LANE  
City-St-Zip: PARKLAND, FL 33076

Title: VICE      (X) Change ( ) Addition  
Name: FLYNN, ED LT  
Address: 300 W ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DIR      (X) Change ( ) Addition  
Name: WEIL, SHELLY  
Address: 601 N. CONGRESS AVENUE, SUITE 110  
City-St-Zip: DELRAY BEACH, FL 33445

Title: SEC      (X) Change ( ) Addition  
Name: KNABB, HAL  
Address: 1225 NW 4TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: TRE      (X) Change ( ) Addition  
Name: CANTAVE, JOSETTE  
Address: 10135 AQUA VISTA WAY  
City-St-Zip: BOCA RATON, FL 33428

Title:      ( ) Change ( ) Addition  
Name:      ( ) Change ( ) Addition  
Address:      ( ) Change ( ) Addition  
City-St-Zip:      ( ) Change ( ) Addition

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: SHARON WALTHER

PRES

07/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date