

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008870

FILED
Feb 19, 2009
Secretary of State

Entity Name: ASEONYN OPPORTUNITY CENTER, INC.

Current Principal Place of Business:

8201 PETERS ROAD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 70144
FORT LAUDERDALE, FL 33307

New Mailing Address:

FEI Number: 01-0552835

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROOKS, MARSHA A
8201 PETERS ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: BROOKS, MARSHA A
Address: 8201 PETERS ROAD
City-St-Zip: PLANTATION, FL 33324

Title: SD () Delete
Name: JACKSON, LAWYNDAL L
Address: P.O.BOX 70144
City-St-Zip: FORTLAUDERDALE, FL 33307

Title: D () Delete
Name: JACKSON, JASON
Address: P.O.BOX 70144
City-St-Zip: FORTLAUDERDALE, FL 33307

Title: T (X) Delete
Name: HENRY, COLEEN
Address: P.O.BOX 70144
City-St-Zip: FORT LAUDERDALE, FL 33307

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: HENRY, COLEEN
Address: P.O.BOX 70144
City-St-Zip: FORT LAUDERDALE, FL 33307

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: MARSHA A BROOKS

PD

02/19/2009

Electronic Signature of Signing Officer or Director

Date