

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002478

FILED
Feb 17, 2009
Secretary of State

Entity Name: PINES YOUTH CENTER, INC.

Current Principal Place of Business:

800 NW 102 AVE.
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

800 NW 102 AVE
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 54-2068664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROMER, GARY
11734 SW 53RD COURT
COOPER CITY, FL 33330 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: D () Delete
Name: WILLIS, ED
Address: 1910 NW 86 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: S () Delete
Name: DEMAURO, DIANE
Address: 1230 NW 92 AVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: WATKINS, HARRY
Address: 18401 NE 21ST PLACE
City-St-Zip: NORTH MIAMI, FL 33179

Title: P () Delete
Name: CROMER, GARY
Address: 11734 SW 53RD COURT
City-St-Zip: COOPER CITY, FL 33330

Title: V () Delete
Name: LALLEMAND, JEAN R
Address: 11225 NW 53 CT
City-St-Zip: CORAL SPG, FL 33076

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:

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: GARY CROMER

PRES

02/17/2009

Electronic Signature of Signing Officer or Director

Date