

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 31, 2012
Secretary of State

DOCUMENT# N02000009446

Entity Name: FLORIDA YOUNG DEMOCRATS, INC.**Current Principal Place of Business:**161 NW 162 AVE
PEMBROKE PINES, FL 33028**New Principal Place of Business:**400 E. BAY STREET, UNIT 502
JACKSONVILLE, FL 32202**Current Mailing Address:**161 NW 162 AVE
PEMBROKE PINES, FL 33028**New Mailing Address:**PO BOX 2295
JACKSONVILLE, FL 32203**FEI Number:** 33-1040574**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MATTHEW, BARATZ
161 NW 162 AVE
PEMBROKE PINES, FL 33028 US**Name and Address of New Registered Agent:**JUSTIN, SPILLER
400 E. BAY STREET, UNIT 502
JACKSONVILLE, FL 32202 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: JUSTIN SPILLER

07/31/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: PD
Name: SPILLER, JUSTIN
Address: 400 E. BAY STREET, UNIT 502
City-St-Zip: JACKSONVILLE, FL 32202

Title: S
Name: MCKINNON, JOEY
Address: PO BOX 2295
City-St-Zip: JACKSONVILLE, FL 32203

Title: VPD
Name: FENN, JENNIFER
Address: PO BOX 2295
City-St-Zip: JACKSONVILLE, FL 32203

Title: TD
Name: BARATZ, MATTHEW
Address: PO BOX 2295
City-St-Zip: JACKSONVILLE, FL 32203

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: JUSTIN SPILLER

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07/31/2012

Electronic Signature of Signing Officer or Director_____
Date