

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001797

FILED
Apr 03, 2009
Secretary of State

Entity Name: WOMEN AND YOUTH CENTER, INC.

Current Principal Place of Business:

34 SIXTH STREET NORTH
HAINES CITY, FL 33844 US

New Principal Place of Business:

20 N. 6TH ST.
HAINES CITY, FL 33844 US

Current Mailing Address:

PO BOX 4364
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 33-1052498 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, GLENDA L
3051 AILEEN ROAD
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

PIERCE, GLENDA L MRS.
3051 AILEEN ROAD
HAINES CITY, FL 33844 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: GLENDA L. PIERCE

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: PIERCE, GLENDA L
Address: 2300 SMITH RD
City-St-Zip: HAINES CITY, FL 33844 US

Title: P () Delete
Name: HINKLE, WILLIAM
Address: 2808 SEQUOYAH DR
City-St-Zip: HAINES CITY, FL 33844 US

Title: S () Delete
Name: PORTER, ELIZABETH
Address: 117 N. 18TH STREET
City-St-Zip: HAINES CITY, FL 33844 US

Title: T () Delete
Name: PARKER, DEBRA
Address: 9624 MIDWAY RD
City-St-Zip: HAINES CITY, FL 33844 US

Title: D () Delete
Name: SIMS, JOY
Address: 415 DYSON RD
City-St-Zip: HAINES CITY, FL 33844 US

Title: D () Delete
Name: PIRTLE, REGINA
Address: 1862 EMILY DR.
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: PIERCE, GLENDA L
Address: 3051 AILEEN RD.
City-St-Zip: HAINES CITY, FL 33844 US

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: VP (X) Change () Addition
Name: CARVER, SHERON
Address: 4854 E. HINSON AVE
City-St-Zip: HAINES CITY, FL 33844

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: GLENDA L. PIERCE

ED

04/03/2009

Electronic Signature of Signing Officer or Director

Date