2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

DOCUMENT# N03000001797

Entity Name: WOMEN AND YOUTH CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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 MRS.
3051 AILEEN ROAD
HAINES CITY, FL 33844 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: ED
Name: PIERCE, GLENDA L
Address: 3051 AILEEN RD.
City-St-Zip: HAINES CITY, FL 33844 US

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

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

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

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

Title: VP
Name: CARVER, SHERON
Address: 4854 E. HINSON AVE
City-St-Zip: HAINES CITY, FL 33844

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: GLENDA LEANN PIERCE ED 04/21/2010

Electronic Signature of Signing Officer or Director Date