## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000003412

FILED Apr 27, 2009 Secretary of State

Entity Name: POWER FOR DEVELOPING SUCCESSFUL YOUTH, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
	V KINGS RD. NVILLE, FL 322	219			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	V KINGS RD. NVILLE, FL 322	219			
FEI Number	r: 06-1723618	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JONES, VIRGIL C SR 4468 CATHEYS CLUB LANE JACKSONVILLE, FL 32226 US			7578 NÉW KINGS RO	JONES, VIRGIL C SR 7578 NEW KINGS ROAD JACKSONVILLE, FL 32219 US	
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/27/2009	
	Electron	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PD () JONES, VIRGIL 7578 NEW KIN JACKSONVILLE	GS RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD () WRIGHT, DEBO 834 MAGIC CO JACKSONVILLE	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () LABARRIE, KEI 5057 LINCOLN: JACKSONVILLE	SHIRE RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () KETTER, MICH 5931 LANE CIR JACKSONVILLE	RCLE NORTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () WEST, WALKE 1800 EDGEWO JACKSONVILLE	OOD AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
	D ()	) Delete EL	Title: Name:	() Change () Addition	

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: VIRGIL C. JONES, SR. PD 04/27/2009