2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 21, 2009
Secretary of State

DOCUMENT# N03000003412

Entity Name: POWER FOR DEVELOPING SUCCESSFUL YOUTH, INC.

Current Principal Place of Business:

7578 NEW KINGS RD.
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

7578 NEW KINGS RD.
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 06-1723618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, VIRGIL C SR
7578 NEW KINGS ROAD
JACKSONVILLE, FL 32219 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: PD ( ) Delete
Name: JONES, VIRGIL C SR.
Address: 7578 NEW KINGS RD.
City-St-Zip: JACKSONVILLE, FL 32219

Title: STD ( ) Delete
Name: WRIGHT, DEBORAH
Address: 834 MAGIC COVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD ( ) Delete
Name: LABARRIE, KEITH
Address: 5057 LINCOLNSHIRE RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: KETTER, MICHAEL
Address: 5931 LANE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32254

Title: D ( ) Delete
Name: WEST, WALKER
Address: 1800 EDGEWOOD AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete
Name: BONNER, ETHEL
Address: 5867 THURGOOD CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WRIGHT, DEBORAH
Address: 834 MAGIC COVE
City-St-Zip: JACKSONVILLE, FL 32218

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: VIRGIL C. JONES, SR PD 08/21/2009

Electronic Signature of Signing Officer or Director — Date