

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005941

FILED
Jul 04, 2006
Secretary of State

Entity Name: YOUTH EMPOWERED TO ACHIEVE! INC.

Current Principal Place of Business:

13704 N. 20TH STREET
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 291339
TAMPA, FL 33687

New Mailing Address:

FEI Number: 32-0079842 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STERNS, RANDY
220 FRANKLIN ST.
TAMPA, FL 33602 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: P () Delete
Name: CLARKE, MARSHA-ANN M
Address: 13723 GRAGSTON CIR.
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: HARRIS, DEBORAH M
Address: 10003 CYPRESS SHADOW AVE.
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: STERNS, RANDY K
Address: 220 S. FRANKLIN ST.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FOUNTAIN, MICHAEL
Address: 3650 SPECTRUM BLVD., UTC II, STE. 170
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: DAVIS, LUCIOUS
Address: 4206 IMPERIAL EAGLE DR.
City-St-Zip: VALRICO, FL 33594

Title: D (X) Delete
Name: LACOLLA, ANTHONY
Address: 1924 EAST FLORA ST.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRAND, MARSHA-ANN M
Address: 5111 ARBOR POINTE CIRCLE
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: LACOLLA, ANTHONY
Address: 1924 EAST FLORA ST.
City-St-Zip: TAMPA, FL 33610

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 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: MARSHA-ANN STRAND

P

07/04/2006

Electronic Signature of Signing Officer or Director

Date