

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005941

FILED
Apr 28, 2009
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:

2225 EAST 109TH AVE
TAMPA, FL 33612

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 (X)

Name and Address of Current Registered Agent:

STERNS, RANDY
10020 HAMPTON PLACE
TAMPA, FL 33618 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: HARRIS, MITCHELL
Address: 10529 CORY LAKE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: VP () Delete
Name: STERNS, RANDY
Address: 10020 HAMPTON PLACE
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: LA COLLA, ANTHONY
Address: 2002 E. 5TH AVENUE #209
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: FOUNTAIN, MICHAEL
Address: 12212 TWIN BRANCH ACRES RD
City-St-Zip: TAMPA, FL 33626

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

Title: D () Delete
Name: STRAND, MARSHA-ANN
Address: 13367 ARBOR POINTE CIRCLE, #102
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: STRAND, MARSHA-ANN
Address: 4213 BRANCHSIDE LANE
City-St-Zip: WESLEY CHAPEL, FL 33543

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: RANDY STERNS

VP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date