2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# N03000006283

Entity Name: TALLAHASSEE DIOCESE YPCW, INC.

Current Principal Place of Business:

2488 EDDIE RD.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2488 EDDIE RD.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-1352799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

RIVERS, CLARENCE
2488 EDDIE RD.
TALLAHASSEE, FL 32308 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: CD ( ) Delete
Name: RIVERS, CLARENCE CD
Address: 2488 EDDIE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD ( ) Delete
Name: GRADY, ANNIE W VD
Address: 5975 BUTTON WILLOW LANE
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: SD ( ) Delete
Name: RIVERS, DOROTHY H SD
Address: 2488 EDDIE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: TD ( ) Delete
Name: MORGAN, LUEVERNIA TD
Address: 2210 ST. MARKS STREET
City-St-Zip: TALLAHASSEE, FL 32310 US

Title: D ( ) Delete
Name: DAVIS, ELMIRA D
Address: 3715 CARACUS CT.
City-St-Zip: TALLAHASSEE, FL 32303 US

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:

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: CLARENCE RIVERS CD 08/25/2009

Electronic Signature of Signing Officer or Director — Date