2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006906

Entity Name: KLD YOUTH FOUNDATION, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
777 E MERRITT ISLAND CAUSEWAY SUITE 450 MERRITT ISLAND, FL 32952				85 RICHLAND AVENU MERRITT ISLAND, FL 32953			
Current Mailing Address:				New Mailing Address:			
777 E. MERRITT ISLAND CAUSEWAY SUITE 450 MERRITT ISLAND, FL 32952				PO BOX 542589 MERRITT ISLAND, FL 32954			
FEI Number:	El Number: 03-0525648 FEI Number Applied For () FE		FEI Num	Number Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent: Name					Address of	New Registered Agent:	
MARKEY & FOWLER, P.A. 25 MCLEOD STREET MERRITT ISLAND, FL 32953 US 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			nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DEATON, KEVIN 486 FALMOUTH			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	RUSS, KITTELL 1859 S. PATRIC			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DEATON, LINDS 486 FALMOUTH	Delete SEY M SEC/TRE AVENUE ID, FL 32952 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	WILLIAMSON, T 765 PINE PLAC	Delete HOMAS B MEMBE E ID, FL 32952 US		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	` '			Title: Name: Address: City-St-Zip:	ADCOCK, EV	(X) Change () Addition /A B MEMBE RIVER DRIVE 32926	
Title: Name: Address: City-St-Zip:	. ,			Title: Name: Address: City-St-Zip:		() 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: LINDSEY DEATON SEC 04/15/2009