

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005507

FILED
Jan 15, 2009
Secretary of State

Entity Name: OSNALD CALIZAIRE SR. YOUTH EMPOWERMENT ASSOCIATION, INC.

Current Principal Place of Business:

O. CALIZAIRE SR. RANCH 11340 VC JOHNSON RD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

11340 V.C. JOHNSON ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 75-3148556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, KIMBERLY D VC
2806 SILVER STREET
#3
JACKSONVILLE, FL 32206 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: C () Delete
Name: CALIZAIRE, OSNALD SR
Address: 11340 V.C. JOHNSON ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VC () Delete
Name: COLLINS, KIMBERLY D
Address: 2806 SILVER STREET #3
City-St-Zip: JACKSONVILLE, FL 32206

Title: T () Delete
Name: CALIZAIRE, TINALE
Address: 444 DEMPERS DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: S () Delete
Name: CALIZAIRE, LEE
Address: 11340 V.C. JOHNSON ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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:

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: OSNALD CALIZAIRE SR

C

01/15/2009

Electronic Signature of Signing Officer or Director

Date