

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007357

FILED  
Mar 10, 2007  
Secretary of State

Entity Name: YOUTH SURVIVORS FOUNDATION, INC.

**Current Principal Place of Business:**

1110 NW 81 TER  
PLANTATION, FL 33322

**New Principal Place of Business:**

5901 ABBEY ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

P.O. BOX 16402  
PLANTATION, FL 33318

**New Mailing Address:**

FEI Number: 06-1732191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JARRETT, SHAHEEWA  
1110 NW 81 TER  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

JARRETT, SHAHEEWA  
5901 ABBEY ROAD  
TAMARAC, FL 33321 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: SHAHEEWA JARRETT

03/10/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JARRETT, SHAHEEWA  
Address: 1110 NW 81 TER  
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete  
Name: GELIN, E. MIKE  
Address: 661 NW 75 TER  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: WILLIAMS, SIDNEY K  
Address: 8485 SW 181 TER  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JARRETT, SHAHEEWA  
Address: 5901 ABBEY ROAD  
City-St-Zip: TAMARAC, FL 33321

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: SHAHEEWA JARRETT

D

03/10/2007

Electronic Signature of Signing Officer or Director

Date