## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000000766

Entity Name: YOUTH AGAINST SUBSTANCE ABUSE, INC.

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5004 BRIAR OAKS CIRCLE ORLANDO, FL 32808

Current Mailing Address: New Mailing Address:

5004 BRIAR OAKS CIRCLE ORLANDO, FL 32808

FEI Number: 28-3692698 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MANGHAM, VONZELLA 5004 BRIAR OAKS CIRCLE ORLANDO, FL 32808 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:

Clastrania Circatura of Danistana d Anast

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 VP D
 (X) Change ( ) Addition

 Name:
 RIGGINS, DANIALLE K.
 Name:
 RIGGINS, DANIALLE K.

 Address:
 604 BAHIA CIRCLE
 Address:
 604 BAHIA CIRCLE

 City-St-Zip:
 OCALA, FL 34472
 OCALA, FL 34472

Title: D ( ) Delete Title: S (X) Change ( ) Addition
Name: LEACH, NOTURAL T. Name: LEACH, NOTURAL T.
Address: 5004 BRIAR OAKS CIRCLE 5004 BRIAR OAKS CIRCLE

 Address:
 5004 BRIAR OAKS CIRCLE
 Address:
 5004 BRIAR OAKS CIRCLE

 City-St-Zip:
 ORLANDO, FL 32808
 City-St-Zip:
 ORLANDO, FL 32808

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DRAKE, TABITHA
 Name:
 DRAKE, TABITHA

 Address:
 137 KILLINGTON WAY
 Address:
 1335 KNOLLWOOD DR

 City-St-Zip:
 ORLANDO, FL 32708
 City-St-Zip:
 ORLANDO, FL 33827 US

Title: ( ) Delete Title: D P ( ) Change (X) Addition

Name:Name:MANGHAM, VONZELLAAddress:Address:5004 BRIAR OAKS CIRCLECity-St-Zip:City-St-Zip:ORLANDO, FL 32808 US

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: VONZELLA MANGHAM DP 04/03/2007