

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002309

FILED
Apr 01, 2009
Secretary of State

Entity Name: YOUTH OPERATION SUPPORT INC.

Current Principal Place of Business:

12916 SW 23 STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

12916 SW 23 STREET
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 83-0424379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINFORT, ALDA DR.
14359 MIRAMAR PARKWAY #183
MIRAMAR, FL 33027 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: PD () Delete
Name: SAINFORT, EMMANUEL
Address: 14359 MIRAMAR PKWY, #183
City-St-Zip: MIRAMAR, FL 33027

Title: VPD () Delete
Name: SAINFORT, ALDA
Address: 14359 MIRAMAR PKWY, #183
City-St-Zip: MIRAMAR, FL 33027

Title: VPD () Delete
Name: VAZQUEZ, NIURKA
Address: 5735 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: YOUNG, SHARITA
Address: 12974 SW 24TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: SD () Delete
Name: BERNARDY, MEAGHANN
Address: 665 FAIRWAY DR.
City-St-Zip: MIAMI BEACH, FL 33141

Title: ASD () Delete
Name: JANSEN, APRIL
Address: 12916 SW 23RD ST
City-St-Zip: MIRAMAR, FL 33027

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
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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: ALDA SAINFORT, MD

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date