

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002634

FILED
Jan 13, 2009
Secretary of State

Entity Name: SMART START YOUTH & FAMILY SERVICES, INC.

Current Principal Place of Business:

1629 EAST EDGEWOOD DRIVE
LAKELAND, FL 33803

New Principal Place of Business:

801 W. BEACON RD
LAKELAND, FL 33803

Current Mailing Address:

1629 EAST EDGEWOOD DRIVE
LAKELAND, FL 33803

New Mailing Address:

801 W. BEACON RD
LAKELAND, FL 33803

FEI Number: 20-3379534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLTON, SHEILA J
1629 EAST EDGEWOOD DRIVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

HOLTON, SHEILA J
4810 ELAM RD
LAKELAND, FL 33813 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:

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLTON, SHEILA J
Address: 4810 ELAM ROAD
City-St-Zip: LAKELAND, FL 33813

Title: VTD () Delete
Name: DESENA, DIANE
Address: 3119 BELLFLOWER WAY
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: SALIO, JEAN
Address: 195 E. BULLARD AVENUE
City-St-Zip: LAKE WALES, FL 33853

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:

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: SHEILA J. HOLTON

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date