


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/2/2008-90033-023-\$61.25-\$61.25

DOCUMENT # N05000010014 1. Entity Name CENTRAL FLORIDA LATINO YOUTH FOUNDATION, INC.						FILED 08 NOV -6 AM 10:49 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1422 PROVIDENCE BLVD DELTONA, FL 32725				Mailing Address P.O. BOX 6466 DELTONA, FL 32725			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent RODRIGUEZ, JOSEPHINE M 1422 PROVIDENCE BLVD DELTONA, FL 32725				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.				4. FEI Number APPLIED FOR			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE <i>J. Rodriguez</i>				DATE 8/5/08			
Filing Fee is \$61.25 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY- ST- ZIP PRES RODRIGUEZ, JOSEPHINE M 1422 PROVIDENCE BLVD DELTONA, FL 32725				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP TREA MORALES, RINA 1041 IRELAND DRIVE DELTONA, FL 32725				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>J. Rodriguez</i>				DATE: 8/5/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 4072217287			