

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010329

FILED
May 06, 2008
Secretary of State

Entity Name: TASK FORCE FOR GUYANA'S YOUTH INC.

Current Principal Place of Business:

2490SW 85TH AVE
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

2490SW 85TH AVE
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 81-0679535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMON, ROBIN
2490SW 85TH AVE
MIRAMAR, FL 33025 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: CEOT () Delete
Name: LONDON, DONNA
Address: 15221 S.W.20TH STREET
City-St-Zip: MIRAMAR, FL 33027

Title: CD () Delete
Name: CUMMINGS, DENNIS
Address: 2490SW 85TH AVE
City-St-Zip: MIRAMAR, FL 33025

Title: S () Delete
Name: SIMON, ROBIN
Address: 2490SW 85TH AVE
City-St-Zip: MIRAMAR, FL 33025

Title: AS () Delete
Name: GEORGE, CHERYL
Address: 2490SW 85TH AVE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: CREVALLE, SIMONE
Address: 2490SW 85TH AVE
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: SIMON, PAT
Address: 2490SW 85TH AVE
City-St-Zip: MIRAMAR, FL 33025

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
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: DONNA LONDON

CEOT

05/06/2008

Electronic Signature of Signing Officer or Director

_____ Date