

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90329 026 ****61.25

DOCUMENT # N05000012880

1. Entity Name
YOUNG ARTISTS AWARDS, INC.



Principal Place of Business
1029 SE 20TH AVENUE
CAPE CORAL, FL 33990

Mailing Address
1029 SE 20TH AVENUE
CAPE CORAL, FL 33990

50010351



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

57-1231237

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOREN, KATHERINE
1029 SE 20TH AVENUE
CAPE CORAL, FL 33990

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME DEBOLT, CHRISTINE
STREET ADDRESS 366 MELODY COURT
CITY-ST-ZIP FORT MYERS, FL 33916

TITLE ☐ Change ☒ Addition
NAME KOZAK, NATALIE
STREET ADDRESS 8779 CHATHAM STREET
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VD ☐ Delete
NAME SICILIA, JUDY
STREET ADDRESS 1560 MATTHEW DRIVE, SUITE F
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE ☐ Change ☒ Addition
NAME HOLZINGER, CONNIE
STREET ADDRESS 22 WINEWOOD CT
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE SD ☐ Delete
NAME FAYE, SHAREN
STREET ADDRESS 5706 SANDPIPER PLACE
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE ☐ Change ☒ Addition
NAME NILLES, ANNETTE
STREET ADDRESS 2122 SE 1st STREET
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE TD ☐ Delete
NAME GLOECER, HELENE
STREET ADDRESS 1927 SE 37TH TERRACE
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Change ☒ Addition
NAME RIGSBY, RHONDA
STREET ADDRESS 1451 WOODWIND CT
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE D ☐ Delete
NAME BOREN, KATHERINE
STREET ADDRESS 1029 SE 20TH AVENUE
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Change ☒ Addition
NAME TRACY, SUE
STREET ADDRESS 1419 SE 35th STREET
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME WEINER, JUDY
STREET ADDRESS 834 SW 56th STREET
CITY-ST-ZIP CAPE CORAL, FL 33914

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 617, 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: *Katherine Boren*

KATHERINE BOREN

4/6/06

239-
574-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #