

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012880

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: YOUNG ARTISTS AWARDS, INC.

## Current Principal Place of Business:

1029 SE 20TH AVENUE  
CAPE CORAL, FL 33990

## New Principal Place of Business:

## Current Mailing Address:

1029 SE 20TH AVENUE  
CAPE CORAL, FL 33990

## New Mailing Address:

FEI Number: 57-1231237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOREN, KATHERINE  
1029 SE 20TH AVENUE  
CAPE CORAL, FL 33990 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: RIGSBY, RHONDA  
Address: 1451 WOODWIND CT  
City-St-Zip: FORT MYERS, FL 33919

Title: VD ( ) Delete  
Name: GLOCER, HELENE  
Address: 1927 SE 37TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: HOLZINGER, CONNIE  
Address: 22 WINEWOOD CT  
City-St-Zip: FORT MYERS, FL 33919

Title: TD ( ) Delete  
Name: BRYDEN, JENNIFER  
Address: 3618 PINE OAK CIR #103  
City-St-Zip: FORT MYERS, FL 33916

Title: D ( ) Delete  
Name: BOREN, KATHERINE  
Address: 1029 SE 20TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: CHESTER, CATHIE  
Address: 9124 PALM ISLAND CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33903

## 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: TD (X) Change ( ) Addition  
Name: NILLES, ANNETTE  
Address: 2122 SE 1ST STREET  
City-St-Zip: CAPE CORAL, FL 33990

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: KATHERINE BOREN

D

03/30/2009

Electronic Signature of Signing Officer or Director

Date