2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05016

FILED Jul 14, 2009 Secretary of State

Entity Name: PEOPLE FOR DRUG FREE YOUTH, INC.

Current Principal Place of Business: New Principal Place of Business: 1431 S DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168 US **Current Mailing Address: New Mailing Address:** 1431 S DIXIE FREEWAY NEW SMYRNA BEACH, FL 32168 US FEI Number: 59-2455801 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: Name and Address of New Registered Agent: CIUCCI, KIM T 702 FOX TAIL CT NEW SMYRNA BEACH, FL 32168 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete отто, вов TOMLJENOVICH, DORIS Name: Name: 1400 N. DIXIE FREEWAY Address: 131 PLAZA LANE Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: EDGEWATER, FL 32132 Title: Title: (X) Change () Addition () Delete LICHTER, JUDITH Name: WEAVER, JUNE Name: Address: 826 NAVIGATORS WAY Address: 801 S. OLD COUNTRY RD City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: EDGEWATER, FL 32132 Title: () Delete Title: (X) Change () Addition CIUCCI, KIM CIUCCI, KIM Name: Name: 702 FOX TRL. CT 702 FOX TRL. CT Address: Address: NEW SMYRNA BEACH, FL 32168 City-St-Zip: City-St-Zip: NEW SMYRNA BEACH, FL 32168 (X) Change () Addition Title: () Delete Title: Name: FROMAN, LINDA Name: FROMAN, LINDA Address: 941 MILL RD LANE Address: 941 MILL RD LANE City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: PORT ORANGE, FL 32127 Title: () Delete Title: (X) Change () Addition CORWIN, CONNIE CHILDRESS, TOM Name: Name: 17208 LYME STONE CT. 1703 LIME TREE DR Address: Address: City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: EDGEWATER, FL 32137 Title: () Delete Title: () Change () Addition LARAMIE, KIM Name: Name: Address: PO BOX 1364 Address: OAK HILL, FL 32759 City-St-Zip: 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: KIM CIUCCI AT 07/14/2009