2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005768

FILED Apr 30, 2008 Secretary of State

Entity Name: ACTION YOUTH MENTORING CORPORATION

Current Principal Place of Business:			New Principal Place of Busine	New Principal Place of Business:	
	NE RD. NW /, FL 32907				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	NE RD. NW /, FL 32907				
FEI Number:	: 26-0135960	FEI Number Applied For()	FEI Number Not Applicable () Certific	ate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of New Re	gistered Agent:	
PALM BAY	NE RD. NW /, FL 32907	US			
	named entity e of Florida.	submits this statement for the p	irpose of changing its registered office or	registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (JONES, JASO 460 RHEINE F PALM BAY, FL	OAD N.W.	Title: () Change Name: Address: City-St-Zip:	() Addition	
Title: Name:	STRAYER, JA) Delete RO D	Title: () Change Name:	() Addition	
Address: City-St-Zip:	8553 WINDER VIERA, FL 32		Address: City-St-Zip:		
	VIERA, FL 32	940) Delete GLAS RE LANE	Address: City-St-Zip:		
City-St-Zip: Title: Name: Address:	VIERA, FL 32 D (DENOIT, DOU 1517 TALAMO VIERA, FL 32 T (GINSBURG, L	940) Delete GLAS RE LANE 940) Delete INDA DALE CIRCLE SE	Address: City-St-Zip: Title: D (X) Change Name: SCHAAFSMA, GEORGE Address: 1936 MCKINLEY AVENU City-St-Zip: MELBOURNE, FL 32138	IE	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	D (DENOIT, DOU 1517 TALAMO VIERA, FL 32 T (GINSBURG, L 548 GARDENI PALM BAY, FL	940) Delete GLAS RE LANE 940) Delete NDA DALE CIRCLE SE .) Delete	Address: City-St-Zip: Title: D (X) Change Name: SCHAAFSMA, GEORGE Address: 1936 MCKINLEY AVENU City-St-Zip: MELBOURNE, FL 3213: Title: () Change Name: Address: City-St-Zip:	JE 5	

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: JASON JONES PD 04/30/2008