

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005768

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** ACTION YOUTH MENTORING CORPORATION

**Current Principal Place of Business:**

460 RHEINE RD. NW  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

460 RHEINE RD. NW  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 26-0135960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, JASON  
460 RHEINE RD. NW  
PALM BAY, FL 32907 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: JONES, JASON  
Address: 460 RHEINE ROAD N.W.  
City-St-Zip: PALM BAY, FL 32907

Title: VD ( ) Delete  
Name: STRAYER, JARO D  
Address: 8553 WINDER WAY  
City-St-Zip: VIERA, FL 32940

Title: D ( ) Delete  
Name: SCHAAFSMA, GEORGE  
Address: 1936 MCKINLEY AVENUE  
City-St-Zip: MELBOURNE, FL 32135

Title: T ( ) Delete  
Name: GINSBURG, LINDA  
Address: 548 GARDENDALE CIRCLE SE  
City-St-Zip: PALM BAY, FL

Title: SEC ( ) Delete  
Name: NOVACK, JOE  
Address: 460 RHEINE ROAD N.W.  
City-St-Zip: PALM BAY, FL 32907

**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: T (X) Change ( ) Addition  
Name: CHERYL, HARRINGTON  
Address: 460 RHEINE ROAD N.W.  
City-St-Zip: PALM BAY, FL 32907

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: JASON JONES

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date