

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010593

FILED  
Jul 22, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL YOUTH ORIENTATION FOR LIFE, INC.

**Current Principal Place of Business:**

2258 SHOMA DRIVE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 51618  
LIGHTHOUSE POINT, FL 330746156 US

**New Mailing Address:**

**FEI Number:** 51-0600439 **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:**

DESSOURCES, PATRICK  
2258 SHOMA DRIVE  
WELLINGTON, FL 33414 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: D ( ) Delete  
Name: DESSOURCES, PATRICK  
Address: 2258 SHOMA DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete  
Name: ROSEMOND, PAUL A  
Address: 268 LINDEN BLVD.  
City-St-Zip: BROOKLYN, NY 11203

Title: D ( ) Delete  
Name: JACQUES, DJYNO  
Address: 148 NORTH EAST APT. 40  
City-St-Zip: OAKLAND PARK, FL 33334

Title: D ( ) Delete  
Name: DISTEFANO, ROBERT P  
Address: 7010 LONGLEAF DRIVE  
City-St-Zip: PARKLAND, FL 330763947

**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: ( ) 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: PATRICK DESSOURCES

D

07/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date