

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011801

FILED
Jan 04, 2008
Secretary of State

Entity Name: YONGUE-YOUNG FAMILY FOUNDATION, INC.

Current Principal Place of Business:

8200 NW 165TH TERRACE
MIAMI LAKES, FL 33316

New Principal Place of Business:

Current Mailing Address:

8200 NW 165TH TERRACE
MIAMI LAKES, FL 33316

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, JOHN MD
8200 NW 165TH TERRACE
MIAMI LAKES, FL 33316 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: JACKSON, JOHN MD
Address: 8200 NW 165TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33316

Title: VPD () Delete
Name: WOODARD, KADENA
Address: 426 WINN ST
City-St-Zip: WINNSBOROES, SC 29180

Title: TD () Delete
Name: HILL, THERESA
Address: 6218 CREEKFORD DR
City-St-Zip: LITHONIA, GA 30058

Title: SD () Delete
Name: WELSH, PHILIP
Address: 10105 MAPLE LEAF DR
City-St-Zip: MONTGOMERYVILLE, MD 20886

Title: SD () Delete
Name: WELSH, DIANE
Address: 10105 MAPLE LEAF DR
City-St-Zip: MONTGOMERYVILLE, MD 20886

Title: D () Delete
Name: JACKSON, RENEE
Address: 8200 NW 165TH TERRACE
City-St-Zip: MIAMI LAKES, FL 33316

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:

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: JOHN JACKSON, MD

PD

01/04/2008

Electronic Signature of Signing Officer or Director

Date