

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001527

FILED
Apr 29, 2009
Secretary of State

Entity Name: EASII FOUNDATION FOR YOUTH, INC

Current Principal Place of Business:

9072 E COLORADO DR
DENVER, CO 80231 US

New Principal Place of Business:

Current Mailing Address:

12157 W LINEBAUGH AVENUE
BOX 423
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 20-8404643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANCEY, RALPH
2413 BAYSHORE BLVD
TAMPA, FL 33629 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: P () Delete
Name: SMITH, EDWIN A JR
Address: 9604 GRETN GREEN DR
City-St-Zip: TAMPA, FL 33626 US

Title: DIR () Delete
Name: SMITH, EDWIN A SR
Address: 9072 E COLORADO DR
City-St-Zip: DENVER, CO 80231 US

Title: DIR () Delete
Name: DENNIS, EVIE G EDD
Address: 1313 STEELE ST, 801
City-St-Zip: DENVER, CO 80206 US

Title: VP () Delete
Name: SMITH, PIA E
Address: 9072 E COLORADO DR
City-St-Zip: DENVER, CO 80231 US

Title: DIR () Delete
Name: DENNIS, PATRICIA ESQ
Address: 115 S MAIN ST
City-St-Zip: EDWARDSVILLE, IL 62025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: PIA SMITH

VP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date