2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N07000005085

Entity Name: YOUNG PROFESSIONALS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

2980 SOUTH 25TH STREET
FORT PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

2980 SOUTH 25TH STREET
FORT PIERCE, FL 34981 US

New Mailing Address:

FEI Number: 26-0207771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLBUR, NATHANIEL
37 HARBOUR ISLE DRIVE
EAST 103
FORT PIERCE, FL 34949 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: WILLBUR, NATHANIEL
Address: P.O. BOX 12366
City-St-Zip: FORT PIERCE, FL 34979 US

Title: VP ( ) Delete
Name: BERDUGO, ANDRES
Address: P.O. BOX 12366
City-St-Zip: FORT PIERCE, FL 34979 US

Title: T ( ) Delete
Name: CHANDLER, JEFF
Address: P.O. BOX 12366
City-St-Zip: FORT PIERCE, FL 34979 US

Title: S ( ) Delete
Name: KNIGHT, CHRISTINE
Address: P.O. BOX 12366
City-St-Zip: FORT PIERCE, FL 34979 US

Title: D (X) Delete
Name: MURRAY, BRANDI
Address: P.O. BOX 12366
City-St-Zip: FORT PIERCE, FL 34979

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GAUMER, CHRISTOPHER
Address: P.O. BOX 12366
City-St-Zip: FORT PIERCE, FL 34979 US

Title: T (X) Change ( ) Addition
Name: HEISEL, KIMBERLY
Address: P.O. BOX 12366
City-St-Zip: FORT PIERCE, FL 34979 US

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: NATHANIEL R. WILLBUR P 04/10/2009

Electronic Signature of Signing Officer or Director — Date