

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009355

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PROJECT FIT YOUTH, INC.

## Current Principal Place of Business:

2129 TARPON LAKE WAY  
WEST PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

2129 TARPON LAKE WAY  
WEST PALM BEACH, FL 33411

## New Mailing Address:

FEI Number: 26-1131100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BODRE, JOSE  
2129 TARPON LAKE WAY  
WEST PALM BEACH, FL 33411 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: DIR ( ) Delete  
Name: BODRE, JOSE  
Address: 2129 TARPON LAKE WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DIR ( ) Delete  
Name: HOLTZ, ANDREA  
Address: 18820 FALCON WAY  
City-St-Zip: JUPITER, FL 33458

Title: DIR ( ) Delete  
Name: VACCARRELLO, MARY DR  
Address: 3400 BURNS RD.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR ( ) Delete  
Name: GARZA, DIANA  
Address: 3281 TURTLE COVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DIR ( ) Delete  
Name: TOMASELLO, LAURA  
Address: P.O. BOX 741733  
City-St-Zip: BOYNTON BEACH, FL 33474

Title: DIR ( ) Delete  
Name: MATTADEEN, OMAR  
Address: 8698 FLOWERSONG COVE  
City-St-Zip: BOYNTON BEACH, FL 33473

## 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: DIR (X) Change ( ) Addition  
Name: MCAULIFFE, KATIE  
Address: 2139 TARPON LAKE WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

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: JOSE G. BODRE

DIR

04/30/2008

Electronic Signature of Signing Officer or Director

Date