

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009355

FILED
Apr 27, 2009
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: MCAULIFFE, KATIE
Address: 2139 TARPON LAKE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

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

Title: DIR (X) 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: () 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: JOSE G. BODRE

EDIR

04/27/2009

Electronic Signature of Signing Officer or Director

Date