

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010268

FILED
Feb 11, 2009
Secretary of State

Entity Name: YOUTH AT-RISK NUTRITION, FITNESS & COMMUNITY FOUNDATION, INC.

Current Principal Place of Business:

1234 NE 4TH AVENUE SUITE A
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1234 NE 4TH AVENUE SUITE A
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 26-1342458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIEU, JEAN-WILNER MD
1234 NE 4TH AVENUE SUITE A
FORT LAUDERDALE, FL 33304 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: DP () Delete
Name: MATHIEU, JEAN-WILNER MD
Address: 1234 NE 4TH AVENUE SUITE A
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: DS () Delete
Name: LOUIS-JEAN, ANNECESSE
Address: 8531 NW 47TH CT
City-St-Zip: LAUDERDALE, FL 33351

Title: DS () Delete
Name: BERTRAND, KATELYNE
Address: 4040 NW 91ST TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: DT () Delete
Name: MATHIEU, GREGORY
Address: 8003 SW 21ST CT
City-St-Zip: MIRAMAR, FL 33025

Title: DT () Delete
Name: MIDY, PARICK
Address: 2022 CLASSIC DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: JEAN MATHIEU

DP

02/11/2009

Electronic Signature of Signing Officer or Director

Date