

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010682

FILED
Mar 03, 2009
Secretary of State

Entity Name: COALITION FOR YOUTH, INC.

Current Principal Place of Business:

2310 N.E. 4TH STREET
OCALA, FL 34470

New Principal Place of Business:

2500 SE 44TH COURT
OCALA, FL 34471

Current Mailing Address:

2310 N.E. 4TH STREET
OCALA, FL 34470

New Mailing Address:

2500 SE 44TH COURT
OCALA, FL 34471

FEI Number: 26-1341640

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESTER J. TROW, P.A.
21 NORTH MAGNOLIA AVENUE
SECOND FLOOR
OCALA, FL 34475 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: MRS. () Delete
Name: ARNETTE, SARA CHAIR
Address: 1781 CLATTERBRIDGE RD
City-St-Zip: Ocala, FL 34471

Title: MR. () Delete
Name: YOUNG, DAVID TREAS.
Address: 2500 SE 44TH CT.
City-St-Zip: Ocala, FL 34471

Title: MR. () Delete
Name: LOVILL, JOHN
Address: 2169 NE 14TH STREET
City-St-Zip: Ocala, FL 34470

Title: MR. () Delete
Name: NEBESNYK, MICHAEL
Address: 2500 SE 44TH CT.
City-St-Zip: Ocala, FL 34471

Title: MR.. () Delete
Name: PRIEST, KEVIN A
Address: 2310 NE 24TH STREET
City-St-Zip: Ocala, FL 34470

Title: MR. () Delete
Name: SIMONS, GARY
Address: 2500 SE 44TH CT.
City-St-Zip: Ocala, FL 34471

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: MICHAEL NEBESNYK

DIR

03/03/2009

Electronic Signature of Signing Officer or Director

Date