

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000341

FILED
Sep 03, 2009
Secretary of State

Entity Name: AMERICA'S YOUTH PERFORMANCE ADVOCACY CORPORATION

Current Principal Place of Business:

18 PECAN COURSE WAY
OCALA, FL 34472

New Principal Place of Business:

18 PECAN COURSE WAY
OCALA, FL 34472 US

Current Mailing Address:

18 PECAN COURSE WAY
OCALA, FL 34472

New Mailing Address:

18 PECAN COURSE WAY
OCALA, FL 34472 US

FEI Number: 71-1044804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BATES, AMANDA G
18 PECAN COURSE WAY
OCALA, FL 34472 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: BATES, AMANDA G
Address: 18 PECAN COURSE WAY
City-St-Zip: OCALA, FL 34472

Title: VP () Delete
Name: PAPPAS, RENEE D
Address: 1015 HICKORY RD
City-St-Zip: OCALA, FL 34472

Title: T () Delete
Name: BUDNICK, SHERRY
Address: 16 PECAN COURSE WAY
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BATES, AMANDA G
Address: 18 PECAN COURSE WAY
City-St-Zip: OCALA, FL 34472 US

Title: VP (X) Change () Addition
Name: BATES, EUGENE
Address: 18 PEACAN COURSE WAY
City-St-Zip: OCALA, FL 34472 US

Title: S (X) Change () Addition
Name: PAPPAS, RENEE D
Address: 18 PECAN COURSE WAY
City-St-Zip: OCALA, FL 34472 US

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: AMANDA BATES

P

09/03/2009

Electronic Signature of Signing Officer or Director

Date