2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001162

FILED Jan 10, 2009 Secretary of State

Entity Name: YOUTH AND COMMUNITY EMPOWERMENT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business: 2903 LANGSTON DRIVE FT. PIERCE, FL 34946 **Current Mailing Address: New Mailing Address:** PO BOX 5634 PO BOX 2326 FT. PIERCE, FL 34954 FT. PIERCE, FL 34954 FEI Number: 83-0505746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEDDWEBURN, OLIVE S WEDDERBURN, OLIVE S 2903 LANGSTON DRIVE 2903 LANGSTON DRIVE FT. PIERCE, FL 34946 FT. PIERCE, FL 34946 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: OLIVE S. WEDDERBURN 01/10/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEOF () Delete () Change () Addition WEDDERBURN, OLIVE Name: Name: PO BOX 5634 Address: Address: City-St-Zip: FT. PIERCE, FL 34954 City-St-Zip: Title: Title: () Change () Addition () Delete DAVIS, RUTH Name: Name: Address: 517 NORTH 15TH STREET Address: City-St-Zip: FT. PIERCE, FL 34950 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition PLUMMER, NARCISS Name: Name: Address: 2703 AVE J Address: City-St-Zip: FT. PIERCE, FL 34947 City-St-Zip: (X) Change () Addition Title: VΡ () Delete Title: Name: MAYS, MONIGUE O Name: MAYS, MONIQUE O 13923 SORREL GROVE COURT Address: Address: 13923 SORREL GROVE COURT City-St-Zip: HOUSTON, TX 77047 City-St-Zip: HOUSTON, TX 77047 Title: () Delete Title: () Change () Addition WEDDERBURN, ARNOLD Name: Name: PO BOX 5634 Address: Address: City-St-Zip: FT. PIERCE, FL 34954 City-St-Zip: Title: () Delete Title: (X) Change () Addition SEDDERBURN, APRIL WEDDERBURN, APRIL Name: Name: Address: 3241 MURA DRIVE Address: 948 KANNER DRIVE FT. PIERCE, FL 34982 FT. PIERCE, FL 34982 City-St-Zip: 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: OLIVE S. WEDDERBURN CEO 01/10/2009