

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002205

FILED
Apr 24, 2009
Secretary of State

Entity Name: HELP THE YOUTHS FOUNDATION, INC.

Current Principal Place of Business:

2545 E. SUNRISE BLVD.
#130
FT. LAUDERDALE, FL 33304 US

Current Mailing Address:

2545 E. SUNRISE BLVD.
#130
FT. LAUDERDALE, FL 33304 US

New Principal Place of Business:

1994 E. SUNRISE BLVD.
#130
FT. LAUDERDALE, FL 33304 US

New Mailing Address:

1994 E. SUNRISE BLVD.
#130
FT. LAUDERDALE, FL 33304 US

FEI Number: 30-0502956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICE, NICOLE
2545 E. SUNRISE BLVD.
#130
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

RICE, NICOLE
1994 E. SUNRISE BLVD.
#130
FT. LAUDERDALE, FL 33304 US

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: NICOLE RICE

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RICE, NICOLE
Address: 2545 E. SUNRISE BLVD. #130
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: VP () Delete
Name: BONITTO, GAYMIAN
Address: 2545 E. SUNRISE BLVD. #130
City-St-Zip: FT. LAUDERDALE, FL 33304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RICE, NICOLE
Address: 1994 E. SUNRISE BLVD. #130
City-St-Zip: FT. LAUDERDALE, FL 33304 US

Title: VP (X) Change () Addition
Name: NELSON, COLLEEN
Address: 1994 E. SUNRISE BLVD. #130
City-St-Zip: FT. LAUDERDALE, FL 33304 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: NICOLE RICE

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date