

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004470

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** YOUTH FOUNDATION FOR TOMORROW OF LEOGANE, INC.

**Current Principal Place of Business:**

424 NW 14TH STREET  
HOMESTEAD, FL 33034 US

**New Principal Place of Business:**

**Current Mailing Address:**

424 NW 14TH STREET  
HOMESTEAD, FL 33034 US

**New Mailing Address:**

**FEI Number:** 06-1714966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DEMAS, SYLVERA  
424 NW 14TH STREET  
HOMESTEAD, FL 33034 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: DEMAS, SYLVERA  
Address: 424 NW 14TH STREET  
City-St-Zip: HOMESTEAD, FL 33034 US

Title: VP ( ) Delete  
Name: EUGENE, LOUINER  
Address: 7920 MERIDIAN STREET  
City-St-Zip: MIRAMAR, FL 33020 US

Title: SECR ( ) Delete  
Name: DESIR, AROLD  
Address: 565 NW 133 STREET  
City-St-Zip: MIAMI, FL 33169 US

Title: TREA ( ) Delete  
Name: DEMAS, GUY  
Address: 424 NW 14TH STREET  
City-St-Zip: HOMESTEAD, FL 33034 US

**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:

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: SYLVERA DEMAS

P

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date