

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005732

FILED
May 01, 2009
Secretary of State

Entity Name: TEARDROPS YOUNG AND TENDER DOVES CORPORATION

Current Principal Place of Business:

4244 ABINGTON WOODS CIRCLE
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4244 ABINGTON WOODS CIRCLE
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 26-2820500 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

BOSTON, CHRISTINE A
206 ESSEX DRIVE
FORT PIERCE, FL 34546 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOSTON, CHRISTINE
Address: 206 ESSEX DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: STD () Delete
Name: HAMILTON, MARY
Address: 1110 N. 29TH STREET #85
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: INGRAM, CLARENCE
Address: 2221 N. 53RD STREET
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: MONTOUTE, MOZZELLA
Address: 3310 KOSSUTH AVE., APT. 51
City-St-Zip: BRONX, NY 10467

Title: VPD () Delete
Name: NOTARIANNI, MICHAEL
Address: 922 SW GRAND RESERVES BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: LONG, ALICE A
Address: 2106 VALENCIA AVENUE
City-St-Zip: FORT PIERCE, FL 34946

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: CHRISTINE A BOSTON

P/D

05/01/2009

Electronic Signature of Signing Officer or Director

Date