

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006919

FILED
Jun 15, 2009
Secretary of State

Entity Name: COMMUNITY YOUTH PROGRAM INC.

Current Principal Place of Business:

4147 WORLINGTON TERRACE
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

4147 WORLINGTON TERRACE
FT. PIERCE, FL 34947

New Mailing Address:

FEI Number: 26-3045175 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:

WALTER, GEOFFREY
4147 WORLINGTON TERRACE
FT. PIERCE, FL 34947 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: P () Delete
Name: WALTER, GEOFFREY
Address: 4147 WORLINGTON TERRACE
City-St-Zip: FT. PIERCE, FL 34947

Title: ST () Delete
Name: STIERS, BILLIE
Address: 6885 20TH ST., #182
City-St-Zip: VERO BEACH, FL 32966

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: STIERS, TIMOTHY C
Address: 6885 20TH ST #182
City-St-Zip: VERO BEACH, FL 32966

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: GEOFFREY WALTER

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date