

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 05, 2009
Secretary of State

DOCUMENT# N08000006919

Entity Name: COMMUNITY YOUTH PROGRAM INC.**Current Principal Place of Business:**4147 WORLINGTON TERRACE
FT. PIERCE, FL 34947**New Principal Place of Business:**540 NW UNIVERSITY BLVD
109
PORT SAINT LUCIE, FL 34986**Current Mailing Address:**4147 WORLINGTON TERRACE
FT. PIERCE, FL 34947**New Mailing Address:**540 NW UNIVERSITY BLVD
109
PORT SAINT LUCIE, FL 34986**FEI Number:** 26-3045175**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WALTER, GEOFFREY
4147 WORLINGTON TERRACE
FT. PIERCE, FL 34947 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: 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:** VP () Delete
Name: STIERS, TIMOTHY C
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:** D (X) Change () Addition
Name: DREW, BAUGHMAN C
Address: 4126 SW 19TH AVE
City-St-Zip: CAPE CORAL, FL 33914**Title:** D () Change (X) Addition
Name: KIMBERLY, MCCOLLAM
Address: 1042 TORTUGAS
City-St-Zip: FORT PIERCE, FL 34982

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 B WALTER

P

08/05/2009

Electronic Signature of Signing Officer or Director

Date