2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2010
Secretary of State

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Entity Name: COMMUNITY YOUTH PROGRAM INC.

Current Principal Place of Business:

540 NW UNIVERSITY BLVD
109
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

4147 WORLINGTON TER
FORT PIERCE, FL 34947

Current Mailing Address:

540 NW UNIVERSITY BLVD
109
PORT SAINT LUCIE, FL 34986

New Mailing Address:

4147 WORLINGTON TER
FORT PIERCE, FL 34947

FEI Number: 26-3045175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

Title: ST
Name: WALTER, GEOFFREY
Address: 4147 WORLINGTON TERRACE
City-St-Zip: FT. PIERCE, FL 34947

Title: D
Name: DREW, BAUGHMAN C
Address: 4126 SW 19TH AVE
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: GEOFFREY B WALTER P 03/04/2010

Electronic Signature of Signing Officer or Director — Date