

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008247

FILED
Aug 25, 2009
Secretary of State

Entity Name: AMERICAS YOUTH FIRST INC.

Current Principal Place of Business:

4142 MARINER BLVD #212
SPRINGHILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

4142 MARINER BLVD #212
SPRINGHILL, FL 34609

New Mailing Address:

FEI Number: 26-3328712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

COOPER, CHERYL
10415 NORVELL RD
SPRINGHILL, FL 34608 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: ED () Delete
Name: LIRA, KEVIN
Address: 5113 ROBLE AVE
City-St-Zip: SPRINGHILL, FL 34608

Title: SD () Delete
Name: COOPER, CHERYL
Address: 10415 NORVELL RD
City-St-Zip: SPRINGHILL, FL 34608

Title: D () Delete
Name: STRICKLAND, GARY
Address: 14270 SURFSIDE CIRCLE
City-St-Zip: SPRINGHILL, FL 34606

Title: FD () Delete
Name: BABINSACK, SUMER
Address: 12487 HARPER ST
City-St-Zip: SPRINGHILL, FL 34609

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: CHERYL COOPER

SD

08/25/2009

Electronic Signature of Signing Officer or Director

Date