

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010519

FILED  
Mar 03, 2009  
Secretary of State

Entity Name: DONATE TO YOUR COMMUNITY, INC.

**Current Principal Place of Business:**

857 SE 19TH AVENUE  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

857 SE 19TH AVENUE  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 26-3730545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINGER, BERNARD A  
3107 STIRLING ROAD  
SUITE 105  
FORT LAUDERDALE, FL 33312 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: D ( ) Delete  
Name: CSIKOS, KAROLINA  
Address: 857 SE 19TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: CSIKOS, ZOLTAN  
Address: 857 SE 19TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D ( ) Delete  
Name: SNOWDEN, MICHAEL  
Address: 11461 NW 27TH COURT  
City-St-Zip: PLANTATION, FL 33323

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: FELDMAN, DARREN  
Address: 857 SE 19TH AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: KAROLINA CSIKOS

D

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date