2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N08000011491

Entity Name: YOUTH ENVISIONING SUCCESS INC.

Current Principal Place of Business:

5105 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5105 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROGERS, RHONDA
5105 ARBOR GLEN CIRCLE
LAKE WORTH, FL 33463 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:	ROGERS, RHONDA	
Address:	5105 ARBOR GLEN CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	VP	( ) Delete
Name:	ADAMS, YOLANDA	
Address:	5105 ARBOR GLEN CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	SEC	( ) Delete
Name:	ROBINSON, LES SONJA	
Address:	5105 ARBOR GLEN CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	DIR	( ) Delete
Name:	HANNAH, GEORGE	
Address:	5105 ARBOR GLEN CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	DIR	( ) Delete
Name:	ROBINSON, CHARICE	
Address:	5105 ARBOR GLEN CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463	
Title:	DIR	( ) Delete
Name:	NILES, ZULMA	
Address:	5105 ARBOR GLEN CIRCLE	
City-St-Zip:	LAKE WORTH, FL 33463	

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:	
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: RHONDA D. ROGERS PRES 02/25/2009

Electronic Signature of Signing Officer or Director — Date