

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001319

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** YOUTH EXPERIENCING SUCCESS (YES) TUTORING GROUP, INC.

**Current Principal Place of Business:**

160 12 - STREET  
APALACHICOLA, FL 32320

**New Principal Place of Business:**

**Current Mailing Address:**

158 12- STREET  
APALACHICOLA, FL 32320

**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:**

WALKER, DAVID  
252 JACOBIE ONEAL LANE  
APALACHICOLA, FL 32320 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: WALKER, DAVID  
Address: 252 JACOBIE ONEAL LANE  
City-St-Zip: APALACHICOLA, FL 32320

Title: VP  
Name: DENISE INGRAM,  
Address: 3780 NW 9 STREET  
City-St-Zip: LAUDERHILL, FL 33311

Title: S  
Name: DAVIS, DOMINIQUE  
Address: 410 PEARL STREET  
City-St-Zip: LAKE WHALES, FL 33853

Title: T  
Name: MOORE, GINA  
Address: 657 LONGWOOD COURT  
City-St-Zip: EASTPOINT, FL 32320

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:** DAVID WALKER

PRES

04/30/2012

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

\_\_\_\_\_  
Date