

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004362

FILED
Mar 20, 2012
Secretary of State

Entity Name: THE DIABETIC YOUTH CENTER, INC.

Current Principal Place of Business:

2467 NW 96TH STREET
MIAMI, FL 33147

New Principal Place of Business:

20447 NW 12 AVE
MIAMI, FL 33169

Current Mailing Address:

2467 NW 96TH STREET
MIAMI, FL 33147

New Mailing Address:

20447 NW 12 AVE
MIAMI, FL 33169

FEI Number: 37-1634405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESULME, ALIX
830 NW 133RD STREET
NORTH MIAMI, FL 33168 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: WASHINGTON, MICHAEL
Address: 20447 NW 12 AVE
City-St-Zip: MIAMI, FL 33169

Title: DT
Name: ROBINSON, MARCELLA W
Address: 20447 NW 12 AVE
City-St-Zip: MIAMI, FL 33169

Title: DST
Name: WILLIAMS, MARCALE
Address: 20447 NW 12 AVE
City-St-Zip: MIAMI, FL 33147

Title: D
Name: HAWKINS, SANDRA
Address: 9568 NW 24TH AVE
City-St-Zip: MIAMI, FL 33147

Title: D
Name: MARTIN, GERRIS
Address: 18151 NE 31 CT PH212
City-St-Zip: AVENTURA, FL 33160

Title: FOND
Name: ROBINSON, MARCELLA
Address: 2467 N.W. 96 ST,
City-St-Zip: MIAMI, FL 33147

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: MARCELLA ROBINSON

FOUN

03/20/2012

Electronic Signature of Signing Officer or Director

Date