2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42023

Title:

Name:

Address:

City-St-Zip:

VP.D

() Delete

TARPON SPRINGS, FL 34689

LAURSEN, NANCEE

20 READ ST.

FILED Apr 26, 2009 Secretary of State

Entity Name: TARPON SPRINGS FOR YOUTH, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 150 JASMINE ST. TARPON SPRINGS, FL 34689 **Current Mailing Address: New Mailing Address:** PO BOX 661 TARPON SPRINGS, FL 34688 FEI Number: 59-2974758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SENDKER, RICHARD KLIMIS, TIM 3404 FORÉLOCK RD 875 SEMINOLE BLVD TARPON SPRINGS, FL 34688 US TARPON SPRINGS, FL 34688 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: TIM KLIMIS 04/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: P,D () Delete () Change () Addition DONOVAN, PAUL Name: Name: 858 BRIAR OAK CT Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: () Delete Title: VP.D (X) Change () Addition NIELSEN, JOHN F Name: TAGARAS, JOHN Name: Address: 4245 CRESTFIELD AVE Address: 2460 WATERVIEW CT City-St-Zip: HOLIDAY, FL 34691 City-St-Zip: PALM HARBOR, FL 34684 Title: () Delete Title: VP,D (X) Change () Addition SENDKER, RICHARD FULARZ, DAVID M Name: Name: 1008 COLDSTREAM CT Address: 3404 FORELOCK RD Address: City-St-Zip: TARPON SPRINGS, FL 34688 City-St-Zip: TARPON SPRINGS, FL 34689 Title: S,D () Delete Title: () Change () Addition Name: MILLER, TEREASA Name: Address: 1705 GULF RD Address: City-St-Zip: TARPON SPRINGS, FL 34689 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.

Title:

Name:

Address:

City-St-Zip:

T.D

KLIMIS, TIM

875 SEMINOLE BLVD

TARPON SPRINGS, FL 34689

(X) Change () Addition

SIGNATURE: TIM KLIMIS T.D 04/26/2009