2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N93000003130

Entity Name: THE CENTER FOR YOUTH ACTIVITIES, INC.

Current Principal Place of Business:

9400 W PALMETTO PARK RD
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 970873
BOCA RATON, FL 33497 US

New Mailing Address:

FEI Number: 65-0416165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VAHAB, ELLEN JOY
11669 TIMBERS WAY
BOCA RATON, FL 33428 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: MKPONG PHD, OFFIONG
Address: PO BOX 940873
City-St-Zip: BOCA RATON, FL 33428

Title: TD ( ) Delete
Name: CRUZ, TINA
Address: PO BOX 940873
City-St-Zip: BOCA RATON, FL 33428

Title: PD ( ) Delete
Name: BLOOM, PHIL
Address: 1259 SW 9TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete
Name: FINEBERG PHD, ROSE
Address: PO BOX 940873
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete
Name: VAHAB, ELLEN JOY
Address: 11669 TIMBERS WAY
City-St-Zip: BOCA RATON, FL 33428

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:

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: ELLEN JOY VAHAB D 04/27/2009

Electronic Signature of Signing Officer or Director Date