

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003130

FILED  
Apr 23, 2012  
Secretary of State

**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  
**Name:** MKPONG PHD, OFFIONG  
**Address:** PO BOX 940873  
**City-St-Zip:** BOCA RATON, FL 33428

**Title:** TD  
**Name:** ATTALLA, RAMON  
**Address:** PO BOX 940873  
**City-St-Zip:** BOCA RATON, FL 33428

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

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

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

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:** ELLEN VAHAB

D

04/23/2012

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

\_\_\_\_\_  
Date