2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N94000001146

Entity Name: JEROME BROWN YOUTH FOUNDATION, INC.

Current Principal Place of Business:

11472 SHADY REST CT.
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

801 S BROAD ST
C/O RK WOODRUFF
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-3180277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSTON, DARRYL W
29 SOUTH BROOKSVILLE AVE.
BROOKSVILLE, FL 34601 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: BROWN, WILLIE SR
Address: 11472 SHADY REST CT
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete
Name: JINKENS, TIM
Address: 204 DOGWOOD DR
City-St-Zip: BROOKSVILLE, FL 34601

Title: T ( ) Delete
Name: BROWN-JACKSON, CYNTHIA
Address: 613 WOOD DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D ( ) Delete
Name: YODER, DIANNA
Address: 18160 SPANGLER AVENUE
City-St-Zip: BROOKSVILLE, FL

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:

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: TIM JINKENS D 04/08/2009

Electronic Signature of Signing Officer or Director — Date