2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N94000004864

Entity Name: TRUTH FOR YOUTH, INC.

Current Principal Place of Business:

2299 COUNTRY PLACE CIRCLE
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

2299 COUNTRY PLACE CIRCLE
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-3273230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWELL, JOHN H
2299 COUNTRY PLACE CIR.
PENSACOLA, FL 32534 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	( ) Delete
Name:	POWELL, JOHN H	
Address:	2299 COUNTRY PLACE CIRCLE	
City-St-Zip:	PENSACOLA, FL 32534	
Title:	SD	( ) Delete
Name:	POWELL, DOROTHY	
Address:	2299 COUNTRY PLACE CIRCLE	
City-St-Zip:	PENSACOLA, FL 32534	
Title:	DVP	( ) Delete
Name:	CURRY, ERNEST	
Address:	1911 HWY 297-A	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	FS	( ) Delete
Name:	RIVERS, GEORGIA J	
Address:	245 NORTH 'J' STREET	
City-St-Zip:	PENSACOLA, FL 32501	

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: DENISE GILLMAN CPA 04/01/2009

Electronic Signature of Signing Officer or Director — Date