

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000782

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: EAST MILTON YOUTH ASSOCIATION, INC.

**Current Principal Place of Business:**

EAST MILTON YOUTH ASSOCIATION  
BOBBY BROWN ROAD  
MILTON, FL 32583

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4141  
MILTON, FL 32572

**New Mailing Address:**

FEI Number: 59-3358661

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARK, CONNIE C TREASUR  
5591 BERRYHILL ROAD  
MILTON, FL 32570 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: PRES ( ) Delete  
Name: HOARD, CHARLES  
Address: 6901 MERTIS WAY  
City-St-Zip: MILTON, FL 32583

Title: V ( ) Delete  
Name: LASHARE, MARK  
Address: 6042 SYRCLE AVE  
City-St-Zip: MILTON, FL 32750

Title: SOC ( ) Delete  
Name: WILSON, RAEANN  
Address: 5900 MILLER BLUFF ROAD  
City-St-Zip: MILTON, FL 32583

Title: TREA ( ) Delete  
Name: CLARK, CONNIE C  
Address: 5591 BERRYHILL ROAD  
City-St-Zip: MILTON, FL 32570

**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: CONNIE C. CLARK

TREA

03/20/2009

Electronic Signature of Signing Officer or Director

Date