

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 10, 2009**  
**Secretary of State**

DOCUMENT# N96000000782

**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:**WILSON, RAEANN SOC  
5900 MILLER BLUFF RD  
MILTON, FL 32570 US

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: RAEANN L WILSON

12/10/2009

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 (X) Delete  
**Name:** WILSON, RAEANN  
**Address:** 5900 MILLER BLUFF ROAD  
**City-St-Zip:** MILTON, FL 32583**Title:** TREA (X) Delete  
**Name:** CLARK, CONNIE C  
**Address:** 5591 BERRYHILL ROAD  
**City-St-Zip:** MILTON, FL 32570**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change ( ) Addition  
**Name:** WELLS, CARL PRES  
**Address:** 5272 BLACK RD  
**City-St-Zip:** MILTON, FL 32583**Title:** SOC (X) Change ( ) Addition  
**Name:** WILSON, RAEANN  
**Address:** 5900 MILLER BLUFF RD  
**City-St-Zip:** MILTON, FL 32583**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: RAEANN L WILSON

SOC

12/10/2009

Electronic Signature of Signing Officer or Director

Date