

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002254

FILED
Mar 15, 2007
Secretary of State

Entity Name: THE YOUTH LEADERSHIP DEVELOPMENT PROJECT, INC.

Current Principal Place of Business:

25 SEABREEZE AVENUE
SUITE 300
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

25 SEABREEZE AVENUE
SUITE 300
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 65-0660820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAYELL, CHARLES C
25 SEABREEZE AVENUE
SUITE 300
DELRAY BEACH, FL 33483 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: DC () Delete
Name: MAYELL, CHARLES C
Address: 651 HERON DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: DV () Delete
Name: STEWART, WILLIAM REV.
Address: 5902 PHOEBENEST DR
City-St-Zip: LITHIA, FL 33547

Title: DT () Delete
Name: STRICKLAND, BLAINE
Address: 8604 MINDICH COURT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: HARTKORN, LOWELL W
Address: 3802 SPADONI LANE
City-St-Zip: GIGHARBOR, WA 95335

Title: DS (X) Delete
Name: LEITH, GREGORY B
Address: 16 VIA TALIANA
City-St-Zip: RANCHO SANTA MARGUARITA, CA 92688

Title: D (X) Delete
Name: WENGER, CHARLES
Address: 825 NW 21ST COURT
City-St-Zip: ANKENY, IA 50021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: STEWART, WILLIAM REV.
Address: 5902 PHOEBENEST DR
City-St-Zip: LITHIA, FL 33547

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WENGER, CHARLES D
Address: 825 NW 21ST COURT
City-St-Zip: ANKENY, IA 50021

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 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: CHARLES C MAYELL

DC

03/15/2007

Electronic Signature of Signing Officer or Director

Date