2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N96000002337

Entity Name: CARVER-LINCOLN ASSOCIATION FOR YOUTH INCORPORATED

Current Principal Place of Business:

3343 HICKORYNUT ST
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

3343 HICKORYNUT ST
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 59-3113808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JUNE T
3343 HICKORYNUT ST
JACKSONVILLE, FL 32208 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: TAYLOR, WILLIAM
Address: 5861 MARIGOLD ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete
Name: WILLIAMS, IVAN
Address: 3433 HICKORYNUT ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete
Name: WILLIAMS, JUNE
Address: 3343 HICKORYNUT ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete
Name: WILLIAMS, GALE
Address: 10235 DE PAUL DR
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: JONES, CHARLOSTTE
Address: 10438 VILLANOVA RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: ATKINS, BARBARA
Address: 2126 GRANTHAL ST
City-St-Zip: JACKSONVILLE, FL 32209

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:

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: JUNE WILLIAMS T 04/26/2009

Electronic Signature of Signing Officer or Director — Date