## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000005096

Title:

Name:

Address:

City-St-Zip:

DVP

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KING, POLLYANN W

PENSACOLA, FL 32506

312 S 61ST AVE

FILED Mar 28, 2009 Secretary of State

Entity Name: YOUTH AWARENESS, INC. **Current Principal Place of Business: New Principal Place of Business:** 7399 JUDGE MCCALL ROAD MILTON, FL 32583 **Current Mailing Address: New Mailing Address:** 252 BLACKFIN COVE SLIDELL, LA 70458 FEI Number: 59-3406688 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORDHAM, DIANA C DSDT 7399 JUDGE MCCALL ROAD MILTON, FL 32583 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FORDHAM, LARRY E SR. Name: Name: 252 BLACKFIN COVE Address: Address: City-St-Zip: SLIDELL, LA 70458 City-St-Zip: Title: () Delete Title: () Change () Addition Name: FORDHAM, LARRY E JR Name: Address: 10800 EVANS ROAD Address: City-St-Zip: POLK CITY, FL 33868 City-St-Zip: Title: DSDT () Delete Title: () Change () Addition FORDHAM, DIANA M Name: Name: 252 BLACKFIN COVE Address: Address: City-St-Zip: SLIDELL, LA 70458 City-St-Zip: Title: ED ( ) Delete Title: () Change () Addition Name: FORDHAM, DIANA M Name: 252 BLACKFIN COVE Address: Address: City-St-Zip: SLIDELL, LA 70458 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DIANA M. FORDHAM DSDT 03/28/2009

() Change () Addition