

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000874

FILED  
May 06, 2009  
Secretary of State

**Entity Name:** CONCERN FOR ALL YOUTH, INC.

**Current Principal Place of Business:**

1813 3RD AVE. WEST  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

1813 3RD AVE. WEST  
PALMETTO, FL 34221

**New Mailing Address:**

**FEI Number:** 59-3403533      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SHERMAN, LEWIS W  
2210 11ST SOUTH  
ST PETERSBURG, FL 34221      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ISOM, BERNICE  
Address: 1813 3RD AVE W  
City-St-Zip: PALMETTO, FL 34221

Title: S      ( ) Delete  
Name: BAILEY, OPHELIA  
Address: 2021 3RD AVE WEST  
City-St-Zip: PALMETTO, FL 34221

Title: T      ( ) Delete  
Name: ISOM, MICHAEL  
Address: 2510 21ST ST. WEST  
City-St-Zip: BRADENTON, FL 34208

Title: VPD      ( ) Delete  
Name: MOTEN, MILDRED  
Address: 1816 5TH STREET W  
City-St-Zip: PALMETTO, FL 34221

Title: D      ( ) Delete  
Name: MURRAY, RUTH  
Address: 1811 3RD AVE W  
City-St-Zip: PALMETTO, FL 34221

**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:

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: BERNICE ISOM

PD

05/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date