

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001983

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTRAL PARK VILLAGE YOUTH SERVICES, INC.

Current Principal Place of Business:

1320 E 9TH AVE
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5238
TAMPA, FL 33675 US

New Mailing Address:

FEI Number: 59-3478148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENTLEY, MARK ESQUIRE
201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602 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: PD () Delete
Name: CAPITANO, SR, JOSEPH
Address: 1302 N. 19TH ST., STE 300
City-St-Zip: TAMPA, FL 33605

Title: VPD () Delete
Name: MORRICK, RONALD J
Address: 730 S. STERLING AVE, STE. 200
City-St-Zip: TAMPA, FL 33609

Title: SD () Delete
Name: BENTLEY, MARK ESQUIRE
Address: 201 N FRANKLIN ST, SUITE 2200
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: HIGGINS, LAWRENCE
Address: 5225 N HIMES AVE
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: THOMAS, ROBERT
Address: 40 RANCH RD
City-St-Zip: THONOTOSASSA, FL 33592

Title: D () Delete
Name: ELLSASSER, ED
Address: 5450 BEAUMONT CTR BLVD
City-St-Zip: TAMPA, FL 33634

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
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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: JOSEPH CAPITANO SR

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date