

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004250

FILED  
May 13, 2009  
Secretary of State

Entity Name: YOUR PLACE, INCORPORATED

**Current Principal Place of Business:**

750- 22ND AVE S  
SAINT PETERSBURG, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

750- 22ND AVE S  
SAINT PETERSBURG, FL 33705 US

**New Mailing Address:**

FEI Number: 59-3513407      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:**

FLANAGAN, DEBORAH  
5909 PELICAN BAY PLAZA  
SAINT PETERSBURG, FL 33707 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: DP ( ) Delete  
Name: FLANAGAN, DEBORAH  
Address: 5909 PELICAN BAY PLAZA  
City-St-Zip: ST PETERSBURG, FL 33707

Title: DS ( ) Delete  
Name: BROWN, LYDIA  
Address: 3900-8TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: DT ( ) Delete  
Name: DUCKETT, GREGORY  
Address: 1500 ALHAMBRA WAY S  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: DV ( ) Delete  
Name: HUDSON, HAZEL M  
Address: 5997 - 30TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

**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:

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: DEBORAH C. FLANAGAN

DR.

05/13/2009

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

\_\_\_\_\_  
Date