

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 30, 2010
Secretary of State

Entity Name: AMERICAN ASSOCIATION OF CAREGIVING YOUTH, INC.

Current Principal Place of Business:

1515 N. FEDERAL HWY
#214
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

1515 N. FEDERAL HWY
#214
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0866677 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SISKOWSKI, CONNIE
2021 NW 53 RD ST
BOCA RATON, FL 33496 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
Name: SISKOWSKI, CONNIE PHD
Address: 2021 NW 53RD ST
City-St-Zip: BOCA RATON, FL 33496

Title: D
Name: EAGLE, GAIL
Address: 6622 NW 25TH WAY
City-St-Zip: BOCA RATON, FL 33496

Title: D
Name: TIFT, TOM PHD
Address: 249 NW 10TH CT
City-St-Zip: BOCA RATON, FL 33486

Title: C
Name: GALLAND, FRED
Address: 6685 WOODBRIDGE DR
City-St-Zip: BOCA RATON, FL 33434

Title: V
Name: ALDERSON, PAULA
Address: 500 SE MIZNER BLVD., #203A
City-St-Zip: BOCA RATON, FL 33432

Title: T
Name: WALTERS, SCOTT
Address: 19261 BAY LEAF COURT
City-St-Zip: BOCA RATON, FL 33498

I hereby 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 all other like empowered.

SIGNATURE: CONNIE SISKOWSKI

P

03/30/2010

Electronic Signature of Signing Officer or Director

_____ Date