2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006224

Entity Name: AMERICA'S YOUTH INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
320 DIVISION STREET FERNANDINA BCH, FL				320 DIVISION STREET FERNANDINA BCH, FL 32034			
Current Mailing Address:				New Mailing Address:			
320 DIVISION STREET FERNANDINA BCH, FL				320 DIVISION STREET FERNANDINA BCH, FL 32034			
FEI Number:	59-3542143	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desire	d (X)
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of Ne	w Registered Agent:	
	JOHN SR. DN STREET NA BCH, FL	US			JOHN SR. DN STREET INA BCH, FL 3	2034 US	
The above in the State		ubmits this statement for the p	purpose o	of changing it	ts registered off	ice or registered agent,	or both,
SIGNATURE: JOHN GILBERT SR.				04/17/2009			
	Electroni	Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES T	O OFFICERS AND DIF	RECTORS:
Title: Name: Address: City-St-Zip:	D () I GILBERT, JOHN 320 DIVISION ST FERNANDINA BO	REET		Title: Name: Address: City-St-Zip:	D (X) C GILBERT, JOHN 320 DIVISION ST FERNANDINA BO	REET	
Title: Name: Address: City-St-Zip:	D () I ROYAL, MONRO RT. 2, BOX 1137 BRYCEVILLE, FI			Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () I MILLER, GAIL RT. 2, BOX 97 BRYCEVILLE, FI	Delete -		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	D () I POWELL, LINDA LARAM ST. JACKSONVILLE,			Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	V () I INGS, JUANITA 1828 DAYTONA JAX, FL 32218	Delete LN. NORTH		Title: Name: Address: City-St-Zip:	V (X) O MANDRIK, KRIST 320 DIVISION ST FERNANDINA BO	•	
Title: Name: Address: City-St-Zip:	D () I SPAULDING, VE 2186 TABOT CO FERNANDINA BE	URT		Title: Name: Address: City-St-Zip:	()(Change () Addition	

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: JOHN GILBERT SR. D 04/17/2009