

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000438

FILED
Apr 01, 2009
Secretary of State

Entity Name: INTERNATIONAL YOUTH DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

11 ISLAND AVE #1812
MIAMI, FL 33139

New Principal Place of Business:

FIU - DEPARTMENT OF PSYCHOLOGY
11200 SW 8 STREET, DM 256, SSHD
MIAMI, FL 33139

Current Mailing Address:

11 ISLAND AVE #1812
MIAMI, FL 33139

New Mailing Address:

FIU - DEPARTMENT OF PSYCHOLOGY
11200 SW 8 STREET, DM 256, SSHD
MIAMI, FL 33139

FEI Number: 65-0917698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KURTINES, WILLIAM
FLORIDA INTERNATIONAL UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
MIAMI, FL 33199 US

Name and Address of New Registered Agent:

KURTINES, WILLIAM
FIU - DEPARTMENT OF PSYCHOLOGY
11200 SW 8 STREET, DM 256, SSHD
MIAMI, FL 33199 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:

04/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KURTINES, WILLIAM M PHD.
Address: 11 ISLAND AVE #1812
City-St-Zip: MIAMI, FL 33139

Title: SD () Delete
Name: MONTGOMERY, MARILYN
Address: 11 ISLAND AVE #1812
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: FERRER, LAURA A
Address: DEPT. OF PSYCHOLOGY, BARRY UNIVERSITY
City-St-Zip: MIAMI SHORES, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KURTINES, WILLIAM M PHD.
Address: FIU - DEPARTMENT OF PSYCHOLOGY
City-St-Zip: MIAMI, FL 33199

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: WILLIAM M. KURTINES

PD

04/01/2009

Electronic Signature of Signing Officer or Director

Date