

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000438

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** INTERNATIONAL YOUTH DEVELOPMENT FOUNDATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**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 M  
FIU - DEPARTMENT OF PSYCHOLOGY  
11200 SW 8 STREET, DM 256, SSHD SOCIETY  
MIAMI, FL 33199 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  
Name: KURTINES, WILLIAM M PH.D.  
Address: FIU - DEPARTMENT OF PSYCHOLOGY  
City-St-Zip: MIAMI, FL 33199

Title: SD  
Name: MONTGOMERY, MARILYN PH.D.  
Address: 11 ISLAND AVE #1812  
City-St-Zip: MIAMI BEACH, FL 33139

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

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: WILLIAM M. KURTINES, PH.D.

PD

03/18/2011

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

\_\_\_\_\_  
Date