

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004046

FILED  
Feb 02, 2006  
Secretary of State

**Entity Name:** BOCA RATON'S PROMISE-THE ALLIANCE FOR YOUTH, INC.

**Current Principal Place of Business:**

855 S. FEDERAL HIGHWAY  
212-H  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

7 ROYAL PALM WAY, #608  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 65-0878294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIDDLETON, MERRILEE R DR.  
10 ROYAL PALM WAY, #101  
BOCA RATON, FL 33432 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 ( ) Delete  
Name: MIDDLETON, MERRILEE R DR.  
Address: 10 ROYAL PALM WAY #101  
City-St-Zip: BOCA RATON, FL 33432 US

Title: D ( ) Delete  
Name: THOMAS, PATRICIA  
Address: 5549 COASTAL DRIVE  
City-St-Zip: BOCA RATON, FL 33487 US

Title: SD ( ) Delete  
Name: CHERNY, MARK  
Address: 21300 RUTH & BARON COLEMAN BLVD  
City-St-Zip: BOCA RATON, FL 33428 US

Title: D ( ) Delete  
Name: ADAMS, MICHAEL F  
Address: 12782 SPIKERUSH CIRCLE  
City-St-Zip: BOCA RATON, FL 33486 US

Title: VD ( ) Delete  
Name: MIER, JEANNE  
Address: 2074 WOODLAKE CIRCLE  
City-St-Zip: DEERFIELD BEACH, FL 33443 US

Title: TD ( ) Delete  
Name: MASKER, DALE  
Address: 22246 SW 64TH WAY  
City-St-Zip: BOCA RATON, FL 33428 US

**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:

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 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: DR. MERRILEE R. MIDDLETON

PD

02/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date