

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004046

FILED
Mar 20, 2008
Secretary of State

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

Current Principal Place of Business:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487

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.
1 ROYAL PALM WAY #509
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

MIDDLETON, MERRILEE R DR.
7 ROYAL PALM WAY #509
BOCA RATON, FL 33432 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: MERRILEE R. MIDDLETON, PSY.D.

03/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: NEMES, SALLY
Address: 4346 BRANDYWINE DRIVE
City-St-Zip: BOCA RATON, FL 33487 US

Title: D () Delete
Name: MORGAN, ZOOK
Address: 243 FLORANADA TERRACE
City-St-Zip: BOCA RATON, FL 33486 US

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

Title: D () Delete
Name: DIAMOND-RUBENSTEIN, LINDA
Address: 401 BRINY AVE
City-St-Zip: POMPANO BEACH, FL 33062 US

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

Title: PD () 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: D (X) Change () Addition
Name: KEELEY, JACIE
Address: 3000 ST. LUCIE AVENUE
City-St-Zip: BOCA RATON, FL 33431 US

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: DALEANN MASKER

PD

03/20/2008

Electronic Signature of Signing Officer or Director

Date