

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005904

FILED
Feb 18, 2009
Secretary of State

Entity Name: ESEREH YOUTH AND FAMILY CENTER, INC.

Current Principal Place of Business:

2200 N. FLORIDA MANGO ROAD
301
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2200 N. FLORIDA MANGO ROAD
301
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0954653 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAFALAISE, M. EVELYNE
574 SPRINGDALE CIRCLE
PALM SPRINGS, FL 33461 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: CEO () Delete
Name: LAFALAISE, M. EVELYNE
Address: 574 SPRINGDALE CIRCLE
City-St-Zip: PALM SPRINGS, FL 33461

Title: CD () Delete
Name: BOVELL, HENDERSON
Address: 3536 CHESEPEAKE DRIVE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VD () Delete
Name: DELVA, MARC P
Address: 3280 LAKE WORTH ROAD, #5
City-St-Zip: LAKE WORTH, FL 33461

Title: TD () Delete
Name: CHARLES, WOLFF J
Address: 220 EVERGREEN DRIVE
City-St-Zip: LAKE PARK, FL 33403 US

Title: SD () Delete
Name: VACCARO, JULIE E
Address: 6064 SE CROOKED OAK AVENUE
City-St-Zip: HOBE SOUND, FL 33455 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:

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: M, EVELYNE LAFALAISE

CEO

02/18/2009

Electronic Signature of Signing Officer or Director

Date