




2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90206 015 ****61.25

DOCUMENT # N00000007120			
1. Entity Name CONCERNED CITIZENS FOR THE YOUTH OF OUR COMMUNITY, INC.			
Principal Place of Business 111 NW 40TH TERR DELRAY BEACH, FL 33445		Mailing Address 2710 SW 5TH ST BOYNTON BEACH, FL 33435	
2. Principal Place of Business		3. Mailing Address 111 NW 40 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Delray Beach, FL	
Zip	Country	Zip	Country
33445	USA	33445	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THIMLAR, TINA 302 GULFSTREAM BLVD DELRAY BEACH, FL 33444		Name: Joycelyn Steffey Street Address (P.O. Box Number is Not Acceptable): 111 NW 40 Terrace City: Delray Beach FL Zip Code: 33445	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 4/22/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ECKLER, JAMES F	NAME	Michael Cominsky
STREET ADDRESS	2710 SW 5TH ST	STREET ADDRESS	555 Enfield Rd.
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIEVE, DEMETRIA E	NAME	Eckler, James F.
STREET ADDRESS	544 SE 5TH CIR	STREET ADDRESS	18383 112nd Place
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	CITY-ST-ZIP	Live Oak, FL 32060
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUZEN, KRISTINA	NAME	
STREET ADDRESS	93 CUYAHOGA RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIMLAR, TINA	NAME	
STREET ADDRESS	302 GULFSTREAM BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIMLAR, SCOTT	NAME	
STREET ADDRESS	302 GULFSTREAM BLVD	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFFEY, JOYCELYN	NAME	
STREET ADDRESS	111 NW 40TH TERR	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/22/04 (561) 649-0979	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



02122004 Chg-NP CR2E037 (10/03)

4. FEI Number **65-1049972** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required