

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007120

FILED
Apr 29, 2007
Secretary of State

Entity Name: CONCERNED CITIZENS FOR THE YOUTH OF OUR COMMUNITY, INC.

Current Principal Place of Business:

111 NW 40TH TERR
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

111 NW 40TH TERR
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-1049972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFFEY, JOYCELYN
111 NW 40TH TERR
DELRAY BEACH, FL 33445 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: ECKLER, JAMES F
Address: 18383 172ND PLACE
City-St-Zip: LIVE OAK, FL 32060

Title: STD () Delete
Name: BUZEN, KRISTINA
Address: 93 CUYAHOCA RD
City-St-Zip: LAKE WORTH, FL 33467

Title: D (X) Delete
Name: COMINSKY, MICHAEL
Address: 555 ENFIELD RD.
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: STEFFEY, JOYCELYN
Address: 111 NW 40TH TERR
City-St-Zip: DELRAY BEACH, FL 33445

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:

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: KRISTINA E. BUZEN

STD

04/29/2007

Electronic Signature of Signing Officer or Director

Date