2003 NOT-FOR-PROFIT CORPORATION

May 05, 2003 8:00 am § Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000007120 1. Entity Name 05-05-2003 91410 031 ****61.25 CONCERNED CITIZENS FOR THE YOUTH OF OUR COMMUNIT Principal Place of Business Mailing Address 2710 SW 5TH ST 2710 SW 5TH ST **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number 65:1049972 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THIMLAR, TINA Street Address (P.O. Box Number is Not Acceptable) 302 GULFSTREAM BLVD **DELRAY BEACH FL 33444** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD ☐ Delete TITLE Change Addition ECKLER, JAMES F NAME NAME 2710 SW 5TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GRIEVE, DEMETRIA E NAME STREET ADDRESS 544 SE 5TH CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** TITLE ☐ Delete TITLE Change Addition BUZEN, KRISTINA NAME NAME STREET ADDRESS 93 CUYAHOGA RD STREET ADDRESS LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME THIMLAR, TINA NAME STREET ADDRESS 302 GULFSTREAM BLVD STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THIMLAR, SCOTT NAME NAME STREET ADDRESS 302 GULFSTREAM BLVD STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** 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.

TITLE

NAME

STREET ADDRESS

City-St-7IP

SIGNATURE

STEABEY, JOYCELYN

DELRAY BEACH FL 33445

TIT NW 40TH TERR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

□ .Qelete

■ Addition

STEFFEY, JOYCELYN