


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000005156</b> 1. Entity Name UNITED YOUTH COMMUNITY SERVICES, INC.	
---	---

FILED

04 APR 26 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 617442 ORLANDO, FL 32861	Mailing Address P.O. BOX 617442 ORLANDO, FL 32861
---	---

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

04262004 Chg-NP CR2E037 (10/03)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>31-1728439</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  VICKSON, DOLLIE 2215 RAVENALL AVE ORLANDO, FL 32811	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	---	--

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	P VICKSON, DOLLIE	<input type="checkbox"/>
STREET ADDRESS	2215 RAVENALL AVE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE NAME	VP CARSON, VERA	<input type="checkbox"/>
STREET ADDRESS	2229 RAVENALL AVE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE NAME	ED VISMALLE, ANNIE	<input type="checkbox"/>
STREET ADDRESS	6677 MAGNOLIA POINT CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE NAME	D CARSON, RONALD	<input type="checkbox"/>
STREET ADDRESS	2229 RAVENALL AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE NAME	AD BARNES, SHEILA	<input type="checkbox"/>
STREET ADDRESS	2215 RAVENALL AVE	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE NAME	OD WALME, BELINDA	<input type="checkbox"/>
STREET ADDRESS	2215 RAVENALL AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	Chairman - CEP Bishop Dr. D. M. Vickson I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	P.O. Box 617442		
CITY-ST-ZIP	Orlando, FL 32861		
TITLE NAME	400033975994	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	04/26/04--01070--002		
CITY-ST-ZIP	**367.50		
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
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:** Dollie Vickson President 4/26/04 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #