


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005156 <small>1. Entity Name</small> UNITED YOUTH COMMUNITY SERVICES, INC.	
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<small>Principal Place of Business</small> P.O. BOX 617442 ORLANDO FL 32861	<small>Mailing Address</small> P.O. BOX 617442 ORLANDO FL 32861
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2. Principal Place of Business	3. Mailing Address
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>
<small>City & State</small>	<small>City & State</small>
<small>Zip</small>	<small>Country</small>

1st MOORE CR2E037 (10/05)

4. FEI Number 31-1728439	<small>Applied For</small> <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VICKSON, DOLLIE
2215 RAVENALL AVE
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 (NOTE: Registered Agent signature required when reissuing) _____ **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS	
<small>TITLE</small>	P VICKSON, DOLLIE <input type="checkbox"/> Delete
<small>NAME</small>	2215 RAVENALL AVE
<small>STREET ADDRESS</small>	ORLANDO FL 32811
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	VP <input type="checkbox"/> Delete
<small>NAME</small>	VICKSON, O.M.
<small>STREET ADDRESS</small>	2215 RAVENALL AVE.
<small>CITY-ST-ZIP</small>	ORLANDO FL 32811
<small>TITLE</small>	FD <input type="checkbox"/> Delete
<small>NAME</small>	VISMALÉ, ANNIE
<small>STREET ADDRESS</small>	6677 MAGNOLIA POINT CIRCLE
<small>CITY-ST-ZIP</small>	ORLANDO FL 32811
<small>TITLE</small>	D <input type="checkbox"/> Delete
<small>NAME</small>	COOPER, CARL
<small>STREET ADDRESS</small>	2215 RAVENALL AVE.
<small>CITY-ST-ZIP</small>	ORLANDO FL 32811
<small>TITLE</small>	AD <input type="checkbox"/> Delete
<small>NAME</small>	BARNES, SHEILA
<small>STREET ADDRESS</small>	2215 RAVENALL AVE
<small>CITY-ST-ZIP</small>	ORLANDO FL 32811
<small>TITLE</small>	OD <input type="checkbox"/> Delete
<small>NAME</small>	WALME, BELINDA
<small>STREET ADDRESS</small>	2215 RAVENALL AVENUE
<small>CITY-ST-ZIP</small>	ORLANDO FL 32811

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Add
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 4/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date