


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005156 1. Entity Name UNITED YOUTH COMMUNITY SERVICES, INC.	
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Principal Place of Business P.O. BOX 617442 ORLANDO FL 32861	Mailing Address P.O. BOX 617442 ORLANDO FL 32861
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 31-1728439	Applied For 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 <div style="text-align: right;"> FL Zip Code </div>
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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 _____

(NOTE: Registered Agent signature required when re-instating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P VICKSON, DOLLIE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2215 RAVENALL AVE	NAME	000000951515
STREET ADDRESS	ORLANDO FL 32811	STREET ADDRESS	06/04/08-80039-002 70.00
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	VP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKSON, O.M.	NAME	
STREET ADDRESS	2215 RAVENALL AVE.	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32811	CITY- ST- ZIP	
TITLE	ED	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISMALLE, ANNIE	NAME	
STREET ADDRESS	6677 MAGNOLIA POINT CIRCLE	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32811	CITY- ST- ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, CARL	NAME	
STREET ADDRESS	2215 RAVENALL AVE.	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32811	CITY- ST- ZIP	
TITLE	AD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, SHEILA	NAME	
STREET ADDRESS	2215 RAVENALL AVE	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32811	CITY- ST- ZIP	
TITLE	OD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALME, BELINDA	NAME	
STREET ADDRESS	2215 RAVENALL AVENUE	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32811	CITY- ST- ZIP	

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 5/12/08