

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

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90025 004 \*\*\*\*61.25



**DOCUMENT # N04000005223**  
1. Entity Name  
**YOUTH ETHICS INITIATIVE, INC,**

Principal Place of Business      Mailing Address  
**5060 SW 64 AVE**      **5060 SW 64 AVE**  
**MIAMI FL 33155-6120**      **MIAMI FL 33155-6120**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)  
4. FEI Number      Applied For  
**51-0510230**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**GONAS, ROY B**  
**5060 SW 64 AVE**  
**MIAMI FL 33155-6120**

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 reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS      11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>AUSTIN, DANIEL PHD</del>	NAME	Dir. John Doyle
STREET ADDRESS	<del>7281 NW 7TH STREET</del>	STREET ADDRESS	1500 Biscayne Blvd, Rm. 326B
CITY-ST-ZIP	<del>PLANTATION FL 33317</del>	CITY-ST-ZIP	Miami, FL 33132
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, ROLAND	NAME	Dir/Pres Roy B. Gonas
STREET ADDRESS	303 SE 17TH STREET 2ND FLOOR	STREET ADDRESS	5060 SW 64 Avenue
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	CITY-ST-ZIP	Miami, FL 33155-6120
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D/S BLECHMAN, WIL MD	NAME	Dir Kenneth Goodman, PhD
STREET ADDRESS	5250 SW 84TH STREET	STREET ADDRESS	University of Miami
CITY-ST-ZIP	MIAMI FL 33143-8434	CITY-ST-ZIP	Coral Gables, FL 33124
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BROMIR, ALEX	NAME	Dir. James Howe
STREET ADDRESS	1081 RAVEN AVENUE	STREET ADDRESS	150 SE 2 Avenue, #411
CITY-ST-ZIP	MIAMI FL 33166	CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D VAN BYLEVELT, LLOYD	NAME	Dir. Stuart Jacobs
STREET ADDRESS	1900 BISCAYNE BLVD	STREET ADDRESS	220 NE 105 Street
CITY-ST-ZIP	MIAMI FL 33132	CITY-ST-ZIP	Miami Shores, FL 33138
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DOUGLAS, KEITH	NAME	Dir. Robert H. Kelly
STREET ADDRESS	113 WILLOW LANE	STREET ADDRESS	15127 Montrose Rd.
CITY-ST-ZIP	ISLAMORADA FL 33036	CITY-ST-ZIP	Miami Lakes, FL 33016-6431