


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90355 050 ****61.25

DOCUMENT # N05000010160

1. Entity Name
ETHIOPIAN LION FAMILY COMMUNITY YOUTH MOVEMENT, INC



Principal Place of Business
**6561 NW 27TH STREET
 SUNRISE, FL 33313**

Mailing Address
**6561 NW 27TH STREET
 SUNRISE, FL 33313**

2. Principal Place of Business
6561 NW 27th street

3. Mailing Address
6561 NW 27th street

Suite, Apt. #, etc.

City & State
Sunrise, FL


City & State
Sunrise, FL

Zip
33313

Country
USA

Zip
33313

Country
USA



04112006 Chg-NP CR2E037 (11/05)

4. FEI Number
03-0567953 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GRANT, ALTON
 6561 NW 27TH STREET
 SUNRISE, FL 33313**

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 reappointing) DATE _____

Filing 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	
TITLE P	GRANT, ALTON 6561 NW 27TH STREET SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE A	Trudi-Kaye Edmond 6561 NW 27th street Sunrise, FL 33313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP	MORGAN, VERNON 6561 NW 27TH STREET SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S	WATTS, KATRICE 6561 NW 27TH STREET SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	DAULEY, GLENROY 6561 NW 27TH STREET SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	SUNLIGHT, FANAYE 6561 NW 27TH STREET SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	RUBY, ANDREW 6561 NW 27TH STREET SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Alton A. Grant **Alton A. Grant**
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date 4/11/06 (954) 572-1071
 Daytime Phone #