

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Nov 09, 2004
Secretary of State**

DOCUMENT# N97000004381

Entity Name: SOUTH FLORIDA YOUTH ASSOCIATION, INC.

Current Principal Place of Business:

110 EAST ATLANTIC AVE
320
DELRAY BEACH, FL 33444

New Principal Place of Business:

10199 182ND LANE SOUTH
BOCA RATON, FL 33498

Current Mailing Address:

110 EAST ATLANTIC AVE
320
DELRAY BEACH, FL 33444

New Mailing Address:

10199 182ND LANE SOUTH
BOCA RATON, FL 33498

FEI Number: 65-0779341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BECKER, WILLIAM R
110 EAST ATLANTIC AVE
320
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

TRAVERSO, ELLEN M
10199 182ND LANE SOUTH
BOCA RATON, FL 33498 US

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.

SIGNATURE: ELLEN M TRAVERSO

11/09/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: BECKER, WILLIAM R. P,C
Address: 110 EAST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D,T () Delete
Name: COHEN, MATTHEW J D,T,S
Address: 110 EAST ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D,T (X) Change () Addition
Name: COHEN, MATTHEW J D,T,S
Address: 10199 182ND LANE SOUTH
City-St-Zip: BOCA RATON, FL 33498

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW J COHEN

D,T

11/09/2004

Electronic Signature of Signing Officer or Director

Date