


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000004381**

1. Entity Name  
 SOUTH FLORIDA YOUTH ASSOCIATION, INC.



Principal Place of Business  
 10199 182ND LANE SOUTH  
 BOCA RATON, FL 33498

Mailing Address  
 10199 182ND LANE SOUTH  
 BOCA RATON, FL 33498

**DO NOT WRITE IN THIS SPACE**



06022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0779341	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 JUNE 2, 2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **September 6, 2006**

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BECKER, WILLIAM R. P,C 110 EAST ATLANTIC AVE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T COHEN, MATTHEW J D,T,S 10199 182ND LANE SOUTH BOCA RATON, FL 33498
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 06/05/06-80003-003 70.00

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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:  DATE 6/2/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #