


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**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**



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0779341**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 *Ellen M. Traverso* *ELLEN M. TRAVERSO* *April 30 2007*  
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 May 1, 2007**

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

U00000761913  
 05/25/07-80075-007 70.00

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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**DO NOT WRITE IN THIS SPACE**

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: *Matthew J. Cohen* *MATTHEW J. COHEN* *April 30 2007* *561-441-5201*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #