

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90088 012 ****61.25



DOCUMENT # N98000002496

1. Entity Name
URBAN YOUTH IMPACT, INC.

Principal Place of Business
**2724 N AUSTRALIAN AVE
 BLDG # 2
 WEST PALM BEACH, FL 33407**

Mailing Address
**PO BOX 222592
 WEST PALM BEACH, FL 33422-2592**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

91-1901103

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOBBS, WILLIAM T
 5253 FOX TRACE
 WEST PALM BEACH, FL 33417**

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

William Hobbs

WILLIAM HOBBS

4/25/05

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, 2005**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOBBS, WILLIAM T	
STREET ADDRESS	5253 FOX TRACE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABDELLA, LEO F	
STREET ADDRESS	5343 NORTHLAKE BLVD	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, JAMES	
STREET ADDRESS	5232 CANAAN AVE	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, EDITH	
STREET ADDRESS	1444 8TH STREET	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCREEN, RON	
STREET ADDRESS	10500 SEA HOLLY TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, TERRIEL PHD	
STREET ADDRESS	901 S FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Neale	
STREET ADDRESS	138 Via Verdeway	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn Percy	
STREET ADDRESS	711 N Dixie Hwy Ste 200	
CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Schroeder	
STREET ADDRESS	602 Oak Harbour Dr	
CITY-ST-ZIP	Juno Beach FL 33408	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherry Scott-Serret can	
STREET ADDRESS	139 Sunrise Ave #109	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

William Hobbs

WILLIAM HOBBS

4/25/05

561-832-9220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #