2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000005378

1. Entity Name
YES YOU CAN, INC.

Principal Place of Business	Mailing Address
3651 ALLENWOOD STREET SARASOTA, FL 34232	3651 ALLENWOOD STREET SARASOTA, FL 34232

08092005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0946670
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BURWELL, NINA M
3651 ALLENWOOD STREET
SARASOTA, FL 34232

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

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BURWELL, NINA M
STREET ADDRESS	3651 ALLENWOOD STREET
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	D
NAME	BETTS, LANDA
STREET ADDRESS	1666 BAHIA VISTA
CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	D
NAME	BRATHWAITE, FRANCES
STREET ADDRESS	878 HIGHLAND ST.
CITY-ST-ZIP	SARASOTA, FL 34234
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/07/05-80003-005 61.25

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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: _____ 8-15-05 941-361-2492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #