


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 701315</b>	
1. Entity Name <b>GREATER MIAMI YOUTH FOR CHRIST INC</b>	

Principal Place of Business <b>9350 SW 79TH AVENUE MIAMI, FL 33156-7431</b>	Mailing Address <b>PO BOX 561101 MIAMI, FL 33256 US</b>
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**DO NOT WRITE IN THIS SPACE**

01252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-6033466</b>	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  <b>STOKES, PAUL M ATTY SUNTRUST INTL BLDG 1 SE 3RD AVE, STE 1750 MIAMI, FL 33131</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

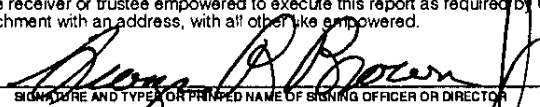
Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOKES, PAUL M 1 SE 3RD AVE, STE 1750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, GEORGE R JR 9221 SW 70TH ST MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BABCOCK, CALVIN H 10105 SW 94 COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENGTSON, STURE 10820 S.W. 74TH COURT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCLELLAN, JOHN W 7330 S.W. 140TH TERRACE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ESKOLIN, NEIL 11405 SW 104 COURT MIAMI, FL 33176

U00000802718  
02/04/08-80010-017 70.00

**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:**  **1/25/08 305-670-1000**

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