

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000622

FILED  
Feb 15, 2005  
Secretary of State

Entity Name: J.A.M. YOUTH CONNECTION, INC.

## Current Principal Place of Business:

3403 NW 9TH AVE  
SUITE 804  
FT. LAUDERDALE, FL 33309

## New Principal Place of Business:

1527 NE 4TH AVENUE  
FT. LAUDERDALE, FL 33304

## Current Mailing Address:

3403 NW 9TH AVE  
SUITE 804  
FT. LAUDERDALE, FL 33309

## New Mailing Address:

1527 NE 4TH AVENUE  
FT. LAUDERDALE, FL 33304

FEI Number: 65-0714675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH, DENISE  
2507 SHERIDAN ST., #118  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, DENISE  
Address: 2507 SHERIDAN ST #118  
City-St-Zip: HOLLYWOOD, FL 33020

Title: V ( ) Delete  
Name: WILLIAMS, ALEC  
Address: 5815 WOODLANDS BLVD  
City-St-Zip: TAMARAC, FL 33319

Title: S ( ) Delete  
Name: HOLIDAY, SHAMIEL  
Address: 4813 SW 41ST  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T (X) Delete  
Name: LEWIS, SHAUNTAE  
Address: 251 N INDIAN CREEK DR #508  
City-St-Zip: CLARKSTON, GA 30021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, ANNA  
Address: 5815 WOODLANDS BLVD  
City-St-Zip: TAMARC, FL 33319

Title: D (X) Change ( ) Addition  
Name: BINNS, LOVE  
Address: 2404 STONE RD #3  
City-St-Zip: EASTPOINT, GA 33088

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE SMITH

P

02/15/2005

Electronic Signature of Signing Officer or Director

Date