

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000000622

FILED
Jan 03, 2007
Secretary of State

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

Current Principal Place of Business:

1527 NE 4TH AVENUE
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1527 NE 4TH AVENUE
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-0714675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: DENISE SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONWARD, JUANITA TERRY
Address: 9105 NW LITTLE RIVER DR
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: SMITH, ELEANOR DENISE
Address: 2507 SHERIDAN STREET
City-St-Zip: HOLLYWOOD, FL 33020

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, ELEANOR
Address: 2507 SHERIDAN STREET # 118
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Change () Addition
Name: RUIZ, VERONICA
Address: 17000 NORTH BAY RD # 712
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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 Chapter 119, 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: ELEANOR SMITH

P

01/03/2007

Electronic Signature of Signing Officer or Director

Date