

ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT# N00000003706

1. Entity Name
Y.C.D. OUTREACH INC.



Principal Place of Business
556 W AVE "A"
BELLE GLADE, FL 33430

Mailing Address
P O BOX 810
SOUTH BAY, FL 33493



01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1015430

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUMPHREY, LEE
280 NW 7TH AVE
SOUTH BAY, FL 33430

DO NOT WRITE
IN THIS SPACE

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 *Lee A Humphrey*

1/19/04

Signature, type or printed name of the registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HUMPHREY, LEE PO BOX 810 SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD NORWOOD, MAGGIE 2050 NW 208TH ST OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JORDAN, VERA 20510 NW 25TH AVE OPA LOCKA, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MOORER, SHIRLEY PO BOX 503 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MOORE, HELEN 554 SE THIRD ST BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000011967
01/23/04-80059-013 70.00

DO NOT WRITE
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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)(f), 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: *Lee A Humphrey*

1/19/04