

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 25, 2005  
Secretary of State

DOCUMENT# N00000003706

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

**Current Principal Place of Business:**

556 W AVE "A"  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

556 W AVE A  
BELLE GLADE, FL 33430

**Current Mailing Address:**

P O BOX 810  
SOUTH BAY, FL 33493

**New Mailing Address:**

FEI Number: 65-1015430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HUMPHREY, LEE  
280 NW 7TH AVE  
SOUTH BAY, FL 33430      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: PD ( ) Delete  
Name: HUMPHREY, LEE  
Address: PO BOX 810  
City-St-Zip: SOUTH BAY, FL 33493

Title: VD ( ) Delete  
Name: NORWOOD, MAGGIE  
Address: 2050 NW 208TH ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: JORDAN, VERA  
Address: 20510 NW 25TH AVE  
City-St-Zip: OPA LOCKA, FL

Title: SD ( ) Delete  
Name: MOORER, SHIRLEY  
Address: PO BOX 503  
City-St-Zip: BELLE GLADE, FL 33430

Title: TD ( ) Delete  
Name: MOORE, HELEN  
Address: 554 SE THIRD ST  
City-St-Zip: BELLE GLADE, FL 33430

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: LEE ALFRED HUMPHREY

PD

03/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date