

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 14, 2006
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:

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 ()

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 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: SHIRLEY MOORER

SD

04/14/2006

Electronic Signature of Signing Officer or Director

Date