

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003706

FILED  
Apr 30, 2009  
Secretary of State

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: MOORER, SHIRLEY  
Address: P O BOX 503  
City-St-Zip: BELLE GLADE, FL 33430

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

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

Title: TD ( ) Delete  
Name: WILLIAMS, ROGER  
Address: 12 ROOSEVELT STREET  
City-St-Zip: BELLE GLADE, FL 33430

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

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

Title: VD (X) Change ( ) Addition  
Name: MOORE, HELEN  
Address: 554 SE 3RD STREET  
City-St-Zip: BELLE GLADE, FL 33430

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

Title: SD (X) Change ( ) Addition  
Name: HUMPHREY, CEDIC  
Address: 280 NW 7TH AVE  
City-St-Zip: SOUTH BAY, FL 33493

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

I hereby certify that the information supplied with this filing does not qualify 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: HELEN MOORE

VD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date