2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003916

FILED Apr 28, 2005 Secretary of State

Name and Address of Current Registered Agent: SETHMAN, CAROL 1311 S.E. 17TH ST. CAPE CORAL, FL 33990 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida. SIGNATURE: EILEYN SOBECK-BADOR O4/28/2005 Electronic Signature of Registered Agent Name and Address of New Registered Agent: SOBECK-BADOR, EILEYN 1422 SW 18TH STREET CAPE CORAL, FL 33991 US CAPE CORAL, FL 33991 US 04/28/2005 Date	D 0 0 0 1.0		000000010		ocorciary or otate	
Current Mailing Address: P.O. BOX 152413 CAPE CORAL, FL 33915 FEI Number: 65-1019120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOBECK-BADOR, EILEYN 1311 SE 17TH ST. CAPE CORAL, FL 33990 US CAPE CORAL, FL 33990 US CAPE CORAL, FL 33991 US CAPE CORAL, FL 33991 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: EILEYN SOBECK-BADOR CITYLEYN SOBECK-BADOR Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES: CITY-St-ZIp: CAPE CORAL, FL 33915 CITY-St-ZIp: CAPE CORAL, FL 33904 CITY-St-ZIp: CAPE CORAL, FL 33904 CITY-St-ZIp: CAPE CORAL, FL 33904 CITY-St-ZIP: TITLE: TITLE: TITLE: TITLE: TO () Delete Title: TITLE: TITLE: TO () Delete Title: TITLE: TO () Delete Title: TITLE: TO () Delete Title: TITLE: TO () Change () Addition Name: Address: Address:	Entity Nar	me: CAPE C	ORAL YOUTH CRIME INTERV	ENTION CENTER, INC.		
Current Mailing Address: New Mailing Addr						
Current Mailing Address: P.O. BOX 152413 CAPE CORAL, FL 33915 FEI Number: 65-1019120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: SETHMAN, CAROL 1311 S.E. 17TH ST. CAPE CORAL, FL 33990 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: EILEYN SOBECK-BADOR Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Name: ALEXANDER, DANIEL Name: Alexanders: AST SIS NICHOLAS PKWY. City-St-Zip: CAPE CORAL, FL 33915 City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: City-St-Zip: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: Address: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address:	Current Principal Place of Business:			New Principal Place	of Business:	
P.O. BOX 152413 CAPE CORAL, FL 33915 FEI Number: 65-1019120 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired Name and Address of Current Registered Agent: SETHMAN, CAROL 1311 S.E. 17TH S.T. CAPE CORAL, FL 33990 US SOBECK-BADOR, EILEYN 1422 SW 18TH STREET CAPE CORAL, FL 33991 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: EILEYN SOBECK-BADOR Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title:			4			
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Name and Address of Current Registered Agent: SETHMAN, CAROL 1311 S.E. 17TH ST. CAPE CORAL, FL 33990 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: EILEYN SOBECK-BADOR Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Name: ALEXANDER, DANIEL Name: ALEXANDER, DANIEL Name: ALEXANDER, DANIEL Name: ALEXANDER, DANIEL Name: WILLIAMSON, DONNA Address: 734 SE 43 STREET City-St-Zip: CAPE CORAL, FL 33904 Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CORAL, FL 33904 Title: TD () Delete Title: () Change () Addition Name: Address: Address: Address: Title: () Change () Addition Name: Address: Address: Address:			5			
SETHMAN, CAROL 1311 S.E. 17TH ST. CAPE CORAL, FL 33990 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: EILEYN SOBECK-BADOR Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Itle: PD () Delete Title: () Change () Addition Name: ALEXANDER, DANIEL Name: Address: 815 NICHOLAS PKWY. City-St-Zip: CAPE CORAL, FL 33915 Title: SD () Delete Title: () Change () Addition Name: WILLIAMSON, DONNA Name: Address: City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: WILLIAMSON, DONNA Name: Address: City-St-Zip: CAPE CORAL, FL 33904 Title: TD () Delete Title: () Change () Addition Name: KELLY, DANIEL Address: () Change () Addition Name: KELLY, DANIEL Name: KELLY, DANIEL Name: KELLY, DANIEL Address: 4829 CORONADO PKWY.	FEI Number:	: 65-1019120	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
1311 S.E. 17TH ST. CAPE CORAL, FL 33990 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: EILEYN SOBECK-BADOR Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Name: ALEXANDER, DANIEL Address: 815 NICHOLAS PKWY. City-St-Zip: CAPE CORAL, FL 33915 Title: SD () Delete Title: () Change () Addition Name: ALEXANDER, DANIEL Address: 734 SE 43 STREET Address: 734 SE 43 STREET CAPE CORAL, FL 33904 Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CORAL, FL 33904 Title: TD () Delete Title: () Change () Addition Name: KELLY, DANIEL Name: KELLY, DANIEL Address: 4829 CORONADO PKWY. Address:	Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
in the State of Florida. SIGNATURE: ElLEYN SOBECK-BADOR	1311 S.E. 17TH ST.			1422 SW 18TH STREI	1422 SW 18TH STREET	
Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Name: ALEXANDER, DANIEL Address: 815 NICHOLAS PKWY. City-St-Zip: CAPE CORAL, FL 33915 Title: SD () Delete Name: WILLIAMSON, DONNA Name: WILLIAMSON, DONNA Address: 734 SE 43 STREET City-St-Zip: CAPE CORAL, FL 33904 Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CORAL, FL 33904 Title: TD () Delete Title: () Change () Addition Name: Address: Address: 4829 CORONADO PKWY. Address: 4829 CORONADO PKWY.	The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
OFFICERS AND DIRECTORS: Title: PD () Delete	SIGNATUR	RE: EILEYN S	SOBECK-BADOR		04/28/2005	
Title: PD () Delete Name: ALEXANDER, DANIEL Name: Address: 815 NICHOLAS PKWY. Address: City-St-Zip: CAPE CORAL, FL 33915 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: Address: Ad		Electro	nic Signature of Registered Age	ent	Date	
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	Name: Address:	KELLY, DANÌE 4829 CORONA	L ADO PKWY.	Name: Address:	() Change () Addition	

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: DAN C. ALEXANDER PD 04/28/2005