

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90137 014 ****61.25

DOCUMENT # N00000005983

1. Entity Name
COMMUNITY EXPRESSIVE ART YOUTH GROUP, INC.



Principal Place of Business
**14240 SOUTHWEST 106TH COURT
MIAMI, FL 33176**

Mailing Address
**14240 SOUTHWEST 106TH COURT
MIAMI, FL 33176**

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1039648

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, GLORIA A
14240 SW 106 CT.
MIAMI, FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete
NAME **FAISON, DELOIS**
STREET ADDRESS **11150 SW 196 ST. #D-306**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **T** ☐ Delete
NAME **ANDERSON, DORA MAE**
STREET ADDRESS **14240 SW 106 CT.**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VP** ☐ Delete
NAME **WILLIAMS, ARTHUR L**
STREET ADDRESS **14240 SW 106 CT.**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **P** ☐ Delete
NAME **WILLIAMS, GLORIA A**
STREET ADDRESS **14240 SW 106 CT.**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Cassandra Edwards**
STREET ADDRESS **11826 S.W. 273 ST**
CITY-ST-ZIP **Homestead, Florida 33032**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Gloria Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2005
Date

305-253-3772
Daytime Phone #