

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005983

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: COMMUNITY EXPRESSIVE ART YOUTH GROUP, INC.

**Current Principal Place of Business:**

14240 SOUTHWEST 106TH COURT  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

14240 SOUTHWEST 106TH COURT  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 65-1039648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAMS, GLORIA A  
14240 SW 106 CT.  
MIAMI, FL 33176 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: S ( ) Delete  
Name: EDWARDS, CASSANDRA  
Address: 11826 SW 273 STREET  
City-St-Zip: HOMESTEAD, FL 33032

Title: T ( ) Delete  
Name: ANDERSON, DORA MAE  
Address: 14240 SW 106 CT.  
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Delete  
Name: WILLIAMS, ARTHUR L  
Address: 14240 SW 106 CT.  
City-St-Zip: MIAMI, FL 33176

Title: P ( ) Delete  
Name: WILLIAMS, GLORIA A  
Address: 14240 SW 106 CT.  
City-St-Zip: MIAMI, FL 33176

**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:

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: GLORIA A WILLIAMS

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date