

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N00000006972

Entity Name: OVERTOWN YOUTH CENTER, INC.

Current Principal Place of Business:

450 NW 14TH STREET
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

450 NW 14TH STREET
MIAMI, FL 33139

New Mailing Address:

FEI Number: 65-1048896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOTSON, ALBERT E JR.
200 S. BISCAYNE BLVD., SUITE 2500
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FURST, ALLEN
2 SOUTH BISCAYNE BLVD SUITE 2300
MIAMI, FL 33131 US

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: ALLEN FURST

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DOTSON, ALBERT E JR.
Address: 450 NW 14TH STREET
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: COOPER, KAREN
Address: 450 NW 14TH STREET
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: MOURNING, ALONZO H
Address: 450 NW 14TH STREET
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: MILLER, STUART
Address: 450 NW 14TH STREET
City-St-Zip: MIAMI, FL 33136

Title: D () Delete
Name: BACON, PHILLIP
Address: 450 NW 14TH STREET
City-St-Zip: MIAMI, FL 33136

Title: DT () Delete
Name: FURST, ALLEN
Address: 450 NW 14TH STREET
City-St-Zip: MIAMI, FL 33136

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:

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: ALLEN FURST

DT

01/05/2009

Electronic Signature of Signing Officer or Director

Date