

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006972

FILED  
Jan 05, 2009  
Secretary of State

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