## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000006972

FILED Apr 11, 2011 Secretary of State

Entity Name: OVERTOWN YOUTH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

450 NW 14TH STREET 450 NW 14TH STREET MIAMI, FL 33139 MIAMI, FL 33136

Current Mailing Address: New Mailing Address:

450 NW 14TH STREET 450 NW 14TH STREET MIAMI, FL 33139 MIAMI, FL 33136

FEI Number: 65-1048896 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:

ALONZO MOURNING CHARITIES, INC. 2901 FLORIDA AVE. SUITE 806 COCONUT GROVE, FL 33133 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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DP

Name: WILLIAM, DIGGS Address: 11380 NW 27TH AVENUE City-St-Zip: MIAMI, FL 33167

Title: D

Name: MILLER, STUART

Address: 700 NW 107 AVE. 4TH FLOOR

City-St-Zip: MIAMI, FL 33172

Title: D

 Name:
 MOURNING, ALONZO H

 Address:
 450 NW 14TH STREET

 City-St-Zip:
 MIAMI, FL 33136

Title:

 Name:
 MILLER, STUART

 Address:
 450 NW 14TH STREET

 City-St-Zip:
 MIAMI, FL 33136

Title:

Name: LINDA, COLL

Address: 3655 NW 87TH AVENUE City-St-Zip: MIAMI, FL 33178

Title: DT

 Name:
 FURST, ALLEN

 Address:
 450 NW 14TH STREET

 City-St-Zip:
 MIAMI, FL 33136

I hereby 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 all other like empowered.

SIGNATURE: TINA BROWN ED 04/11/2011