

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Apr 11, 2011  
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:**

450 NW 14TH STREET  
MIAMI, FL 33136

**Current Mailing Address:**

450 NW 14TH STREET  
MIAMI, FL 33139

**New Mailing Address:**

450 NW 14TH STREET  
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:**

ALONZO MOURNING CHARITIES, INC.  
2901 FLORIDA AVE.  
SUITE 806  
COCONUT GROVE, FL 33133 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: 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: D  
Name: MILLER, STUART  
Address: 450 NW 14TH STREET  
City-St-Zip: MIAMI, FL 33136

Title: D  
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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date