

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006972

FILED
Jan 17, 2012
Secretary of State

Entity Name: OVERTOWN YOUTH CENTER, INC.

Current Principal Place of Business:

450 NW 14TH STREET
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

450 NW 14TH STREET
MIAMI, FL 33136

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:

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

Name and Address of New Registered Agent:

ALONZO MOURNING CHARITIES, INC.
450 NW 14TH STREET
MIAMI, FL 33136 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:

01/17/2012

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

01/17/2012

Electronic Signature of Signing Officer or Director

Date