

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

DOCUMENT# N00000006972

**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.  
450 NW 14TH STREET  
MIAMI, FL 33136    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:** MOURNING, ALONZO H JR.  
**Address:** 450 NE 14TH STREET  
**City-St-Zip:** MIAMI, FL 33136

**Title:** ED  
**Name:** BROWN, TINA  
**Address:** 450 NW 14TH STREET  
**City-St-Zip:** MIAMI, FL 33136

**Title:** D  
**Name:** DOTSON, ALBERT E JR.  
**Address:** 1450 BRICKELL AVENUE, 23RD FLOOR  
**City-St-Zip:** MIAMI, FL 33131

**Title:** D  
**Name:** SILVA, JODI  
**Address:** 836 1ST STREET  
**City-St-Zip:** MIAMI BEACH, FL 33139

**Title:** D  
**Name:** MAYNE, NATASHA D  
**Address:** 4301 SOUTH FLAMINGO ROAD SUITE 106-121  
**City-St-Zip:** FT. LAUDERDALE, FL 33330

**Title:** DT  
**Name:** MARINO, STEPHEN A  
**Address:** 100 SE 2ND STREET - 30TH FLOOR  
**City-St-Zip:** MIAMI, FL 33131

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

04/13/2012

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

\_\_\_\_\_  
Date