

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002000

FILED
May 26, 2004
Secretary of State

Entity Name: FAMILY AND YOUTH HELP CENTER, INC.

Current Principal Place of Business:

1511 NW 168TH TERR.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

1781 NW 175TH STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 03-0442422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, CLYDE B
1781 NW 175TH STREET
MIAMI, FL 33056 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: CEOP () Delete
Name: GLOVER, CLYDE B
Address: 1781 NW 175TH STREET
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: LOCKETT, SHERRI
Address: 1015 WILMINGTON ST.
City-St-Zip: OPA LOCKA, FL 33054

Title: SD () Delete
Name: ROBIN, LYNN E
Address: 20217 NW 32ND PL.
City-St-Zip: MIAMI, FL 33056

Title: TD () Delete
Name: AMBROSE, GRAFTON
Address: 430 NE 29TH TERR., #2
City-St-Zip: MIAMI, FL 33132

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLYDE B. GLOVER

CEOP

05/26/2004

Electronic Signature of Signing Officer or Director

Date