

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002000

**FILED**  
**Mar 01, 2011**  
**Secretary of State**

**Entity Name:** FAMILY AND YOUTH HELP CENTER, INC.

**Current Principal Place of Business:**

3261 NW 172ND TERR  
MIAMI GARDENS, FL 33056 US

**New Principal Place of Business:**

**Current Mailing Address:**

3261 NW 172ND TERR  
MIAMI GARDENS, FL 33056 US

**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  
3261 NW 172ND TERR  
MIAMI GARDENS, 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:** P  
**Name:** GLOVER, CLYDE B  
**Address:** 3261 NW 172ND TERR  
**City-St-Zip:** MIAMI GARDENS, FL 33056 US

**Title:** VP  
**Name:** LOCKETT, SHERRI  
**Address:** 1015 WILMINGTON ST.  
**City-St-Zip:** OPA LOCKA, FL 33054

**Title:** ST  
**Name:** COOPER, CAROL  
**Address:** 17500 NW 9TH PL  
**City-St-Zip:** OPA LOCKA, FL 33056

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:** CLYDE GLOVER

P

03/01/2011

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

\_\_\_\_\_  
Date