

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002624

FILED
Mar 23, 2006
Secretary of State

Entity Name: XPRESS YOUTH DEVELOPMENT INSTITUTE, INC.

Current Principal Place of Business:

4821 N.W. 19TH STREET
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

4821 N.W. 19TH STREET
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 65-1101198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALLARD, JOSEPH
4821 N.W. 19TH STREET
COCONUT CREEK, FL 33063 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: PD () Delete
Name: BALLARD, JOSEPH SR
Address: 4821 N.W. 19TH STREET
City-St-Zip: COCONUT CREEK, FL 33063

Title: VTD () Delete
Name: BALLARD, VATINA
Address: 4821 N.W. 19TH STREET
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: BALLARD, JOSEPH JR
Address: 355 W. DAYTON CIR.
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D () Delete
Name: LESANE, DEBRA
Address: 2051 N W 1ST AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: PRICE, ERNESTINE
Address: 1461 NW 3RD WAY
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: HUMPHRIES, ANNIE M
Address: 1861 N W 7TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33060

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
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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 Chapter 119, 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: JOE BALLARD

PD

03/23/2006

Electronic Signature of Signing Officer or Director

Date