

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002624

FILED  
Apr 30, 2011  
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 PRES  
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  
**Name:** BALLARD, JOSEPH PRES  
**Address:** 4821 N.W. 19TH STREET  
**City-St-Zip:** COCONUT CREEK, FL 33063 US

**Title:** VTD  
**Name:** BALLARD, VATINA V-PRES  
**Address:** 4821 N.W. 19TH STREET  
**City-St-Zip:** COCONUT CREEK, FL 33063 US

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

**Title:** D  
**Name:** SMITH, WANDA  
**Address:** 3969 NW 57TH STREET  
**City-St-Zip:** COCONUT CREEK, FL 33073 US

**Title:** D  
**Name:** LAWSON, WILLIE III  
**Address:** 510 E. MCNAB RD. #10  
**City-St-Zip:** POMPANO BEACH, FL 33060 US

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

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:** JOSEPH BALLARD, SR

PD

04/30/2011

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

\_\_\_\_\_  
Date