

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002904

FILED  
May 01, 2005  
Secretary of State

Entity Name: FAMILY AND YOUTH COMMUNITY RESEARCH CENTER, INC.

**Current Principal Place of Business:**

10750 SW 62ND TERR.  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10750 SW 62ND TERR.  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 31-1796935      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARCELIN, LOUISE M  
10750 SW 62ND TERR.  
MIAMI, FL 33173      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: D      ( ) Delete  
Name: MARCELIN, LOUISE M  
Address: 10750 SW 62ND TERR.  
City-St-Zip: MIAMI, FL 33173

Title: D      ( ) Delete  
Name: KELLEY, CAROL E  
Address: 208 THREE ISLANDS BLVD., #301  
City-St-Zip: HALLANDALE, FL 33009

Title: D      ( ) Delete  
Name: MARCELIN, LOUIS H  
Address: 10750 SW 62ND TERR.  
City-St-Zip: MIAMI, FL 33173

Title: D      ( ) Delete  
Name: DIEDERICH, GINETTE D  
Address: 10125 SW 59TH AVE.  
City-St-Zip: MIAMI, FL 33156

**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: LOUISE M MARCELIN

D

05/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date