

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000456

FILED
Apr 27, 2004
Secretary of State

Entity Name: OUR YOUTH PROGRAMS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6032 N W 8TH AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

6032 N W 8TH AVENUE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 80-0031500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGE, TERRI P
6032 N W 8TH AVENUE
MIAMI, FL 33127

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: PAGE, TERRI P
Address: 6032 N W 8TH AVENUE
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: HORTON, WANDA
Address: 7852 N W 189TH STREET
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: FERGUSON, THELMA
Address: 7852 N W 189TH STREET
City-St-Zip: MIAMI, FL 33056

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:

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: TERRI PAGE

D

04/27/2004

Electronic Signature of Signing Officer or Director

Date