2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 8:00 am Secretary of State DOCUMENT # N02000003345 03-21-2005 90107 017 ****61.25 FERGUSON YOUTH FOUNDATION INC. Principal Place of Business Mailing Address 20613 N.W. 44TH PLACE, OPA-LOCKA FL 33055 20613 N.W. 44TH PLACE OPA-LOCKA FL 33055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 02-0601856 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERGUSON, ROMER JR. Street Address (P.O. Box Number is Not Acceptable) 20613 N.W. 44TH PLACE OPA-LOCKA FL 33055 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE Change TITLE ☐ Delete FERGUSON, ROMER JR. NAME NAME 20613 N.W. 44TH PLACE STREET ADDRESS STREET ADDRESS OPA-LOCKA FL 33055 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition FERGUSON, HAZEL NAME NAME 20613 N.W. 44TH:PLACE ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA-LOCKA FL 33055 CITY-ST-7/P ☐ Addition ☐ Delete ____Change TITLE FERGUSON, LATONYA NAME NAME 20613 N.W. 44TH PLACE STREET ADDRESS STREET ADDRESS OPA-LOCKA FL 33055 CITY-ST-ZIP CITY-ST-ZIP V- VICE PRESIDENT Delete ☐ Change Addition ... TITLE TITLE FERGUSON, ROMER 111 NAME NAME Aluin BullARD 4761N.W. 1195TREET Minni, A 20613 N.W. 44TH PLACE STREET ADDRESS STREET ADDRESS OPA-LOCKA FL 33055 CITY-ST-ZIP CITY - ST- 7IP 5-SECROTHU Delete TITLE TITLE SMITH, JOCELYN NAME NAME 1265 S.W. 101ST TERR., #211 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-SI-ZIP CITY-ST-7IP ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

3-14-05 305-620-4218

FILED