## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N02000003345 Feb 05, 2007 08:00 AM 1. Entity Namo **Secretary of State** 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, ctc. Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 02-0601856 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Cortificate of Status Dosired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 Fiorida + am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when rainstailing) **FILE NOW: FEE IS \$61.25** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SITLE ☐ Change ☐ Delete TITLE Addition FERGUSON, ROMER JR. NAME U00000621857 STREET ADDRESS STREET ADDRESS 20613 N.W. 44TH PLACE 02/13/07-80002-020 61.25 CITY-SI-ZIP CITY-ST-ZIP OPA-LOCKA FL 33055 ☐ Change Delete TITLE Addition NAME FERGUSON, HAZEL NAME STREET ADDRESS 20613 N.W. 44TH PLACE STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP OPA-LOCKA FL 33055 HILLE ☐ Delete TITLE Change Addition NAME NAME FERGUSON, LATONYA STREET ADDRESS 20613 N.W. 44TH PLACE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OPA-LOCKA FL 33055 THEF □ Delete IHLC Change Addition NAME NAME BULLARD, ALVIN STREET ADDRESS STREET ADDRESS 4761 NW 11TH STREET CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33127 TITLE ☐ Delete Change Addition TITLE NAME BULLARD, BERTHENIA NAME STREET ADDRESS 4761 NW 11TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33127** CITY-ST-ZIP ME ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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:

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