



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000005156</b> 1. Entity Name <b>UNITED YOUTH COMMUNITY SERVICES, INC.</b>						<b>FILED</b> <b>04 APR 26 PM 4:31</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> 	
Principal Place of Business P.O. BOX 617442 ORLANDO, FL 32861				Mailing Address P.O. BOX 617442 ORLANDO, FL 32861			
2. Principal Place of Business		3. Mailing Address		04262004 Chg-NP CR2E037 (10/03)		4. FEI Number <b>31-1728439</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>VICKSON, DOLLIE</b> <b>2215 RAVENALL AVE</b> <b>ORLANDO, FL 32811</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VICKSON, DOLLIE</b> <b>2215 RAVENALL AVE</b> <b>ORLANDO, FL 32811</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Chairman - CEP</i> <b>Bishop Dr. M. Vickson I</b> <b>P.O. Box 617442</b> <b>Orlando, FL 32861</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>CARSON, VERA</b> <b>2229 RAVENALL AVE</b> <b>ORLANDO, FL 32811</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400033975994</b> <b>04/26/04--01070--002 ***367.50</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED <b>VISMALE, ANNIE</b> <b>6677 MAGNOLIA POINT CIRCLE</b> <b>ORLANDO, FL 32811</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CARSON, RONALD</b> <b>2229 RAVENALL AVENUE</b> <b>ORLANDO, FL 32811</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD <b>BARNES, SHEILA</b> <b>2215 RAVENALL AVE</b> <b>ORLANDO, FL 32811</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD <b>WALME, BELINDA</b> <b>2215 RAVENALL AVENUE</b> <b>ORLANDO, FL 32811</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <i>Dollie Vickson President</i> <b>4/26/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							