


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

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N02000005156	
<b>1. Entity Name</b> UNITED YOUTH COMMUNITY SERVICES, INC.	

<b>Principal Place of Business</b> P.O. BOX 617442 ORLANDO FL 32861	<b>Mailing Address</b> P.O. BOX 617442 ORLANDO FL 32861
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<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 31-1728439	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  VICKSON, DOLLIE 2215 RAVENALL AVE ORLANDO FL 32811
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <input type="checkbox"/> Delete VICKSON, DOLLIE 2215 RAVENALL AVE ORLANDO FL 32811
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>VP</b> <input type="checkbox"/> Delete VICKSON, O.M. 2215 RAVENALL AVE. ORLANDO FL 32811
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>ED</b> <input type="checkbox"/> Delete VISMAL, ANNIE 6677 MAGNOLIA POINT CIRCLE ORLANDO FL 32811
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <input type="checkbox"/> Delete COOPER, CARL 2215 RAVENALL AVE. ORLANDO FL 32811
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>AD</b> <input type="checkbox"/> Delete BARNES, SHEILA 2215 RAVENALL AVE ORLANDO FL 32811
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<b>OD</b> <input type="checkbox"/> Delete WALME, BELINDA 2215 RAVENALL AVENUE ORLANDO FL 32811

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000735788 05/10/07-80048-010 70.00
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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 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 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:** Dollie Vickson 2/27/07