


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90280 031 ****61.25

DOCUMENT # N02000005885	
1. Entity Name YOUTH HOUSE RESCUE MISSION, INC.	

Principal Place of Business 7919 SW 104TH ST #F208 MIAMI, FL 33156	Mailing Address 7919 SW 104TH ST #F208 MIAMI, FL 33156
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50023120



2. Principal Place of Business 13901 SW 90th Ave. Suite, Apt. #, etc. #E120 City & State Miami, FL Zip 33176	3. Mailing Address 13901 SW 90th Ave. Suite, Apt. #, etc. #E120 City & State Miami, FL Zip 33176
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02282005 Chg-NP CR2E037 (10/03)

4. FEI Number
55-0794868

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILHITE, TINA E 1968 LINCOLN AVENUE OPA-LOCKA, FL 33054	7. Name and Address of New Registered Agent Name Tina E. Wilhite Street Address (P.O. Box Number is Not Acceptable) 13901 SW 90th Ave. #E120 City Miami, FL Zip Code 33176
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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILHITE, TINA E 1968 LINCOLN AVE OPA LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Tina E. Wilhite 13901 SW 90th Ave. #E120 Miami, FL 33176 <input checked="" type="checkbox"/> Change of Address <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD WILHITE, ELBERT 1968 LINCOLN AVENUE OPA-LOCKA, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, Assist. Treas., Trustee Elbert Wilhite 13901 SW 90th Ave. #E120 Miami, FL 33176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COMBS, CHERYL 3820 ROOKWOOD INDIANAPOLIS, IN 46208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Angela Porter 4016 N. Emerson Ave. Indianapolis, IN 46226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WOODSON, JOYCE 4606 THORNLEIGH DR INDIANAPOLIS, IN 46226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Laura Smith 4174 N. Pasadena Indianapolis, IN 46226 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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.

SIGNATURE Tina E. Wilhite (Tina E. Wilhite) 3/3/05 (305) 259-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #