


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

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90215 040 ****70.00

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

Principal Place of Business 10711 SW 216TH ST 107 MIAMI FL 33170	Mailing Address 10465 SW 216TH ST 204 MIAMI FL 33190
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2. Principal Place of Business - No P.O. Box # 10711 SW 216th Str.	3. Mailing Address
Suite, Apt. #, etc. Unit 112	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33170	Country US

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent	
WILHITE, TINA E 10465 SW 216TH ST 204 MIAMI FL 33190	

4. FEI Number 55-0794868	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 <i>Tina E. Wilhite</i>	DATE <i>4/9/07</i>
<small>(NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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 PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILHITE, TINA E		NAME	
STREET ADDRESS 10465 SW 216TH STE 204		STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33190		CITY - ST - ZIP	
TITLE VPTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILHITE, ELBERT		NAME	
STREET ADDRESS 10465 SW 216TH STE 204		STREET ADDRESS	
CITY - ST - ZIP MIAMI FL 33190		CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PORTER, ANGELA		NAME	
STREET ADDRESS 4016 N EMERSON AVE		STREET ADDRESS	
CITY - ST - ZIP INDIANAPOLIS IN 46226		CITY - ST - ZIP	
TITLE MD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOODSON, JOYCE		NAME	
STREET ADDRESS 4606 THORNLEIGH DR		STREET ADDRESS	
CITY - ST - ZIP INDIANAPOLIS IN 46226		CITY - ST - ZIP	
TITLE T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, LAURA		NAME	
STREET ADDRESS 4174 N PASADENA		STREET ADDRESS	
CITY - ST - ZIP INDIANAPOLIS IN 46226		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 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 <i>Tina E. Wilhite</i>	<i>Tina E. Wilhite</i>	<i>4/9/07</i>	<i>305-322-0699</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			