## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000007955

FILED Jan 20, 2006 Secretary of State

Entity Name: YORK CHRISTIAN EDUCATIONAL ACCREDITING ASSOCIATION INTERNATIONAL OF THE COUNCIL

OF CHURCHES OF THE YORK CHRISTIAN LIAISON FORCE INC.

Current Principal Place of Business: New Principal Place of Business:

2280 NW 60 AVE SUNRISE, FL 33313

Current Mailing Address: New Mailing Address:

2280 NW 60 AVE SUNRISE, FL 33313

FEI Number: 11-3657460 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEREZ, VICTOR M DD
2280 NW 60 AVE
SUNRISE, FL 33313 US

PEREZ, VICTOR M D.D.
2280 NW 60 AVE
SUNRISE, FL 33313 US

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.

SIGNATURE: VICTOR M. PEREZ, D.D. 01/20/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete Title: PRES (X) Change ( ) Addition Name: PEREZ, VICTOR M D.D.

Address: 2280 NW 60 AVE City-St-Zip: SUNRISE, FL 33313 City-St-Zip: SUNRISE, FL 33313

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition
Name: SANCHEZ, ISMAEL DD Name: SANCHEZ, ISMAEL D.D.
Address: 877 FAIRMOUNT PLACE

Address: 872 FAIRMOUNT PLACE Address: 872 FAIRMOUNT PLACE City-St-Zip: BRONX, NY 10460 City-St-Zip: BRONX, NY 10460

Title: SEC () Delete Title: SEC (X) Change () Addition Name: BURROUGHS, NANCY L MIND Name: BURROUGHS, NANCY L MIN.D.

 Address:
 473 E 5TH ST
 Address:
 687 SO. 5TH AVE

 City-St-Zip:
 MT VERON, NY 10701
 City-St-Zip:
 MT VERON, NY 10550

Title: TRUS ( ) Delete Title: **TRUS** (X) Change ( ) Addition Name: PEREZ, FRANCISCA DRE Name: PEREZ, FRANCISCA D.R.E. 2280 N.W. 60TH AVE Address: 2280 N.W. 60TH AVE Address: City-St-Zip: SUNRISE, FL 33313 City-St-Zip: SUNRISE, FL 33313

Title: ( ) Delete Title: TRUS ( ) Change (X) Addition

Name: Name: RILEY, GEORGIA R MIN.D.
Address: Address: 429 BIVINS ROAD

City-St-Zip: City-St-Zip: HILLSBOROUGH, NC 27278

 Title:
 ( ) Delete
 Title:
 TRUS ( ) Change (X) Addition

 Name:
 Name:
 CHAPMAN, MICHAEL D D.D.

 Address:
 Address:
 2031 MARYLAND AVE

 City-St-Zip:
 BALTIMORE, MD 21218

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR M. PEREZ, D.D. PRES 01/20/2006

Electronic Signature of Signing Officer or Director

Date