

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000162

FILED
Jan 08, 2007
Secretary of State

Entity Name: RESTORATION COMMUNITY YOUTH DEVELOPMENT CENTER, INC.

Current Principal Place of Business:

1430 NW 47 AVENUE
COCONUT CREEK, FL 33063

New Principal Place of Business:

Current Mailing Address:

1430 NW 47 AVENUE
COCONUT CREEK, FL 33063

New Mailing Address:

FEI Number: 54-2091345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYLTON, WORRELL R REV.
1430 NW 47 AVENUE
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HYLTON, WORRELL R REV.
Address: 1430 NW 47 AVENUE
City-St-Zip: COCONUT CREEK, FL 33063

Title: VP () Delete
Name: HYLTON, LORIS ANNE
Address: 1430 NW 47 AVENUE
City-St-Zip: COCONUT CREEK, FL 33063

Title: ST () Delete
Name: WHITTAKER, WILDER
Address: 6303 NAUAJO TERR
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: BRYAN, CARMEN
Address: 2840 SOMER SET DRIVE BLVD., APT. 309
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: HYLTON, WORRELL R SR.
Address: 1430 NW 47 AVE
City-St-Zip: COCONUT CREEK, FL 33063 US

Title: V () Change (X) Addition
Name: HYLTON, LORIS-ANNE
Address: 1430 NW 47 AVE
City-St-Zip: COCONUT CREEK, FL 33063 US

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: WORRELL HYLTON

P

01/08/2007

Electronic Signature of Signing Officer or Director

Date