




# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90193 039 \*\*\*\*61.25

<b>DOCUMENT # N03000002395</b> 1. Entity Name <b>GIVE THE YOUTH A CHANCE INC</b>					
Principal Place of Business <b>4431 BANNEKA ST ORLANDO, FL 32811</b>			Mailing Address <b>3210 KENELWORTH DR #21 EAST POINT, GA 30344</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>37-1459884</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MAGEE, ANINA S 4431 BANNEKA ST ORLANDO, FL 32811</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE  P/O				DATE <b>4/21/06</b>	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MAGEE, ANINA S 4431 BANNEKA ST ORLANDO, FL 32811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEE, MUNEERAH S 4431 BANNEKA ST ORLANDO, FL 32811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEE, ANJAIL A 4431 BANNEKA ST ORLANDO, FL 32811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEE, MIKAL S 4431 BANNEKA ST ORLANDO, FL 32811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEE, ALI R 4431 BANNEKA ST ORLANDO, FL 32811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGEE, ZAKIYYAH T 4431 BANNEKA ST ORLANDO, FL 32811	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  ANINA S. Magee					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/21/06 Daytime Phone #: 404-396-7363					

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