

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90056 024 ****61.25

DOCUMENT # N03000002395

1. Entity Name
GIVE THE YOUTH A CHANCE INC



Principal Place of Business
4431 BANNEKA ST
ORLANDO, FL 32811

Mailing Address
3210 KENELWORTH DR.
#21
EAST POINT, GA 30344

40103693



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3254 Desert Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 19

04302007 Chg-NP CR2E037 (12/06)

City & State

City & State

EAST Point GA

4. FEI Number
37-1459884

Applied For

Not Applicable

Zip

Country

Zip

Country

30344

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

MAGEE, ANINA S
4431 BANNEKA ST
ORLANDO, FL 32811

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	MAGEE, ANINA S	
STREET ADDRESS	4431 BANNEKA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGEE, MUNEERAH S	
STREET ADDRESS	4431 BANNEKA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGEE, ANJAIL A	
STREET ADDRESS	4431 BANNEKA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGEE, MIKAL S	
STREET ADDRESS	4431 BANNEKA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGEE, ALI R	
STREET ADDRESS	4431 BANNEKA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGEE, ZAKIYYAH T	
STREET ADDRESS	4431 BANNEKA ST	
CITY-ST-ZIP	ORLANDO, FL 32811	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Owner / President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anina S. Magee	
STREET ADDRESS	3254 Desert Circle Apt 19	
CITY-ST-ZIP	EAST Point GA 30344	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 fees empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/07 (4) 396-7363