2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# N03000006231

Entity Name: THE ALLIANCE FOR YOUTH EMPOWERMENT, INC.

Current Principal Place of Business:

692 SW 158TH TERRACE
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

692 SW 158TH TERRACE
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 01-0794772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEST, JEANEEN J
692 SW 158TH TERR
PEMBROKE PINES, FL 33027 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: WEST, JEANEEN J
Address: 692 SW 158TH TERR
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP ( ) Delete
Name: THOMPSON, SAMONIA
Address: 8329 N. CORAL CIRCLE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: DIR (X) Delete
Name: HARVIN, DAVID E
Address: 223 NW 12TH COURT
City-St-Zip: DANIA BEACH, FL 33004

Title: DIR ( ) Delete
Name: GIBBONS, ROY
Address: 4900 NW 39TH ST.
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: DIR ( ) Delete
Name: WEST, CHARLES S
Address: 692 SW 158TH TERR
City-St-Zip: PEMBROKE PINES, FL 33027

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEANEEN J. WEST P 09/02/2005

Electronic Signature of Signing Officer or Director — Date