

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006231

**FILED**  
**Oct 13, 2006**  
**Secretary of State**

**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:**

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

WEST, JEANEEN J  
692 SW 158TH TERR  
PEMBROKE PINES, FL 33027      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: JEANEEN WEST

\_\_\_\_\_  
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      ( ) 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:

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: JEANEEN WEST

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/13/2006

\_\_\_\_\_  
Date