

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006725

FILED
May 01, 2006
Secretary of State

Entity Name: CAPITAL CITY YOUTH DEVELOPMENT CORPORATION

Current Principal Place of Business:

1421 LOLA DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 38596
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 11-3696790 **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:

DEBOLES-JOHNSON, PAULA
1421 LOLA DR
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: DEBOLES-JOHNSON, PAULA
Address: 1421 LOLA DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: DV () Delete
Name: PACE, VALERIE
Address: 5672 RUSTIC DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT () Delete
Name: REED, SHEILA
Address: MT SINAI RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: DS () Delete
Name: WALKER, FAITH
Address: 2788 FARINGDON DR
City-St-Zip: TALLAHASSEE, FL

Title: D () Delete
Name: JOHNSON, DAVID L
Address: 1421 LOLA DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: DUPOINT, CARMEN
Address: 1117 BRAFFORTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

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:

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: PAULA DEBOLES-JOHNSON

ED

05/01/2006

Electronic Signature of Signing Officer or Director

Date