

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006725

FILED  
Feb 29, 2012  
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:**

1421 LOLA DR  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 11-3696790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAULA DEBOLES-JOHNSON

ED

02/29/2012

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

\_\_\_\_\_  
Date