2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010381

1. Entity Name
MIAMI YOUTH COMMUNITY FOUNDATION, INC.

FILED
05 MAY 16 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05022005 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
633 NE 167TH STREET 622 NORTH MIAMI BEACH, FL 33162	P.O. BO 601575 NORTH MIAMI BEACH, FL 33160

2. Principal Place of Business	3. Mailing Address
633 NE 167th Street	
Suite, Apt. #, etc. 1023	Suite, Apt. #, etc.
City & State North Miami Beach, FL	City & State
Zip 33162 / Country	Zip / Country

4. FEI Number 73-1684183 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEFILIE, FRANDLEY 1020 NE 152ND TERRACE NORTH MIAMI BEACH, FL 33162	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.

100055377161
05/26/05--01062--001 **70.00

SIGNATURE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	☐ Delete	TITLE	VP/D	☐ Change ☑ Addition
NAME	DEFILIE, FRANDLEY L		NAME	Casseus, Monique	
STREET ADDRESS	1020 NE 152ND TERRACE		STREET ADDRESS	633 NE 167th Street, Suite 1001	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162		CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE	VP/D	☑ Delete	TITLE	VP/D	☐ Change ☑ Addition
NAME	BAREFIELD, DON A		NAME	Baker, Lavia	
STREET ADDRESS	6649 EMERALD LAKE DRIVE		STREET ADDRESS	1810 NW 7th Ave, Apt 204	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	Miami, FL 33169	
TITLE	S/D	☑ Delete	TITLE	VP/D	☐ Change ☑ Addition
NAME	MAHER, CESSANN		NAME	Voltaire, Wezinsky	
STREET ADDRESS	6036 SW 27TH STREET		STREET ADDRESS	320 NW 129th Street	
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP	North Miami, FL 33168	
TITLE	T/D	☐ Delete	TITLE	CFO/D	☐ Change ☑ Addition
NAME	BAREFIELD, STACEY		NAME	Jackson, Ian	
STREET ADDRESS	6649 EMERALD LAKE DRIVE		STREET ADDRESS	660 NW 50th Street	
CITY-ST-ZIP	MIRAMAR FL 33023		CITY-ST-ZIP	Miami, FL 33127	
TITLE	CR/D	☐ Delete	TITLE	S/D	☐ Change ☑ Addition
NAME	FLYNN, KEEFE P		NAME	Patterson, Ingrid	
STREET ADDRESS	910 NE 154TH STREET		STREET ADDRESS	1335 NW 128th Street	
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP	North Miami, FL 33167	
TITLE	D	☑ Delete	TITLE	VP/D	☐ Change ☑ Addition
NAME	RENE, CLAIR		NAME	Maher, Jim	
STREET ADDRESS	20810 NE 8TH COURT		STREET ADDRESS	6036 SW 27th Street	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miramar, FL 33023	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: _____ 5/2/05 305 796-0392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #