
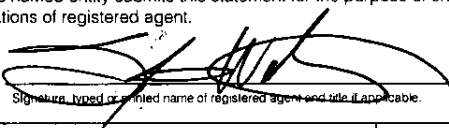



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90041 028 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N04000000063</b>  |   |  |  |                       |  |
| <b>1. Entity Name</b><br>SOUTH FLORIDA YOUTH CLUB FOUNDATION, INC.  |   |  |  |  |  |
| <b>Principal Place of Business</b><br>12501 N.W. 27TH AVE.S.<br>STE. 303<br>MIAMI, FL 33167   |   |  | <b>Mailing Address</b><br>12501 N.W. 27TH AVE.S.<br>STE. 303<br>MIAMI, FL 33167  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>12501 NW 27 AVE S 303  |   | <b>3. Mailing Address</b><br>12501 NW 27 AVE S 303   |  |  |  |
| Suite, Apt. #, etc. <b>S 303</b>  |   | Suite, Apt. #, etc. <b>S 303</b>   |  |  |  |
| City & State <b>MIAMI, FLA.</b>   |   | City & State <b>MIAMI, FLA.</b>  |  | <b>4. FEI Number</b><br>58-2683206   |  |
| Zip <b>33167</b>  |   | Country <b>USA.</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Zip <b>33167</b>  |   | Country <b>USA.</b>  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WATERS, STEVEN<br>12501 NW 27TH AVENUE S 303<br>MIAMI, FL 33167   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <b>JAMES VAMPER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>621 SW 71 AVE.</b><br>City <b>PEMBROKE PINES,</b> <b>FL</b> Zip Code <b>33023</b> |  |  |
| <b>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.</b>  |   |  |  |  |  |
| SIGNATURE  <span style="float: right;">2/28/07</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 14, 2007</b>  |   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>  |   |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b> <input type="checkbox"/> Delete<br>WATERS, STEVEN<br>12501 NW 27 AVENUE S 303<br>MIAMI, FL 33167 |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>DC</b> <input type="checkbox"/> Delete<br>VAMPER, JAMES<br>621 SW 71 AVE<br>PEMBROKE PINES, FL 33023   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>D</b> <input type="checkbox"/> Delete<br>WALLS, MAURICE<br>12501 NW 27 AVENUE S 303<br>MIAMI, FL 33167 |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  |  |  |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b>  <span style="float: right;">2/28/07 786-461-8377</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |  |  |  |