

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90224 001 ****61.25
04-15-2005 90224 002 *****8.75

DOCUMENT # N04000004549					
1. Entity Name COMMUNITY ADVOCATE FOR THE YOUTH AND TEEN, INC.					
Principal Place of Business 1016 REVERE DRIVE PENSACOLA, FL 32505			Mailing Address 1016 REVERE DRIVE PENSACOLA, FL 32505		
2. Principal Place of Business 4301 N.W. 171st Suite, Apt. #, etc.		3. Mailing Address 4301 N.W. 171st Suite, Apt. #, etc.			
City & State Miam. FL.		City & State Miam. FL.		4. FEI Number 56-2459864	
Zip 33055		Country FL.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, MITCHELL A 1016 REVERE DRIVE PENSACOLA, FL 32505			7. Name and Address of New Registered Agent Name: LEE Mitchell A. Street Address (P.O. Box Number is Not Acceptable): 4301 N.W. 171st City: Miam. FL Zip Code: 33055		
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. SIGNATURE: DATE: 4-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME LEE, MITCHELL A STREET ADDRESS 1016 REVERE DRIVE CITY-ST-ZIP PENSACOLA, FL 32505	<input type="checkbox"/> Delete		TITLE P/O NAME Mitchell A. Lee STREET ADDRESS 4301 N.W. 171st CITY-ST-ZIP Miam. Fla 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME DAVIS, DELVIAN STREET ADDRESS 0016 REVERE DRIVE CITY-ST-ZIP PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Delete		TITLE VICE-President - VPAT NAME Melissa Dalambert STREET ADDRESS 4301 N.W. 171st CITY-ST-ZIP Miami Fla 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME SALTER, CHRISTEIA STREET ADDRESS 4391 SANTA VILLA DRIVE CITY-ST-ZIP PACE, FL 32571	<input checked="" type="checkbox"/> Delete		TITLE Director D/M NAME CALVIN Lee STREET ADDRESS 4301 NW 171st CITY-ST-ZIP Miami Fla 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T/S NAME Martha Lee STREET ADDRESS 4301 NW 171st CITY-ST-ZIP Miami Fla 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE M/D NAME Deedra Roberts STREET ADDRESS 4285 NW 170st CITY-ST-ZIP OPA-Locha Fla. 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE S NAME ureka Roberts STREET ADDRESS 4285 NW 170st CITY-ST-ZIP OPA-Locha Fl. 33055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:			Date: 4/1/05 Daytime Phone #		