

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90178 044 \*\*\*\*70.00

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01142005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N04000005507</b>					
1. Entity Name OSNALD CALIZAIRE SR. YOUTH EMPOWERMENT ASSOCIATION, INC.					
Principal Place of Business 8951 POLK AVE JACKSONVILLE, FL 32208			Mailing Address 8951 POLK AVE JACKSONVILLE, FL 32208		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEL Number <i>75-3148554</i>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, KIMBERLY 6037 NORSE DR JACKSONVILLE, FL 32244			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 4, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALIZAIRE, OSNALD SR		NAME	Gregory Calizaire	
STREET ADDRESS	8951 POLK AVE		STREET ADDRESS	1204 Grothe Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	Jacksonville, Florida 32209	
TITLE	VC	<input type="checkbox"/> Delete	TITLE	Public Relations Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, KIMBERLY		NAME	Keisha Calizaire	
STREET ADDRESS	6037 NORSE DR		STREET ADDRESS	4498 Woodley Creek Road	
CITY-ST-ZIP	JACKSONVILLE, FL 32244		CITY-ST-ZIP	Jacksonville, Florida 32218	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Sergeant at Arms	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, CARLOTTA		NAME	Roger Calizaire	
STREET ADDRESS	1756 ST JOHNS BLUFF RD		STREET ADDRESS	204 Tallulah Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 32225		CITY-ST-ZIP	Jacksonville, Florida 32208	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Parliamentarian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATERS, SELENA		NAME	Estaniel Calizaire	
STREET ADDRESS	1408 MCMILLAN ST		STREET ADDRESS	1305 Melson Avenue	
CITY-ST-ZIP	JACKSONVILLE, FL 32209		CITY-ST-ZIP	Jacksonville, Florida 32205	
TITLE		<input type="checkbox"/> Delete	TITLE	Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Lee Calizaire	
STREET ADDRESS			STREET ADDRESS	11340 V. C. Johnson Road	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, Florida 32218	
TITLE		<input type="checkbox"/> Delete	TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Tinale Calizaire	
STREET ADDRESS			STREET ADDRESS	11340 V. C. Johnson Road	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, Florida 32218	
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: <i>Kimberly Collins</i>		Date: <i>April 23, 2005</i>		Daytime Phone #: <i>904.232.3029</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					