

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90067 045 \*\*\*\*70.00

**50065506**



09062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N04000005772</b> 1. Entity Name <b>OUR HERITAGE YOUTH ENRICHMENT SERVICES OH YES!, INC.</b>					
Principal Place of Business <b>1749 TILLSTREAM DRIVE ORLANDO, FL 32818</b>			Mailing Address <b>1749 TILLSTREAM DRIVE ORLANDO, FL 32818</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>56-2480353</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LAMAR, LETICIA M 1749 TILLSTREAM DRIVE ORLANDO, FL 32818</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <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 Due by September 7, 2005</b>		9. Election Campaign Financing 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>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAMAR, LETICIA M 1749 TILLSTREAM DRIVE ORLANDO, FL 32818		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NETTLES, STELLA A 4135 BOOKER STREET ORLANDO, FL 32805		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T/V Nettles, Stella A 4135 Booker Street Orlando, FL 32805	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IVEY, I. ANNETTE 9438 WHISPERING MEADOWS LANE ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/Secretary Priscilla Lloyd 17202 Jonquil Drive Orlando, FL 32818	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLOAN, NYKOWANNA K 1040 SCHOOL STREET CLERMONT, FL 34712		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/Chairman Brenda Brisden 1823 Rock Lake Drive Orlando, FL 32805	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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.					
<b>SIGNATURE:</b> <i>Leticia M. Lamar</i> <b>LETICIA M. LAMAR</b> 9/6/05 407.523-2177 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					