


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000008263		
1. Entity Name FLORIDA YOUTH CHAMBER OF COMMERCE INC.		

Principal Place of Business 604 E HIGHLAND ST ALTAMONTE SPRINGS, FL 32701	Mailing Address 604 E HIGHLAND ST ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business 8049 Windy Hill Way Suite, Apt. #, etc.	3. Mailing Address PO Box 690563 Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State ORLANDO FL
Zip 32818	Country U.S.A
Zip 32818	Country U.S.A

6. Name and Address of Current Registered Agent GIL, ROSA 8049 WINDY HILL WAY ORLANDO, FL 32818	
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7. Name and Address of New Registered Agent Name GREGORY L. CLEVELAND Street Address (P.O. Box Number is Not Acceptable) 8049 Windy Hill Way City ORLANDO FL Zip Code 32818	
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 GREG CLEVELAND Signature, typed or printed name of registered agent and title if applicable.	DATE 04/24/05 (NOTE: Registered Agent signature required when resigning)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIL, ROSA 604 EAST HIGHLAND STREET ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPLE GREGORY L. CLEVELAND 8049 Windy Hill Way ORLANDO FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PATTERSON, FREDDIE L JR 604 EAST HIGHLAND STREET ALTAMONTE SPRINGS, FL 32701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY THERESA ST. BERNARD 5884 LONGSOME DOVE DR KISSIMEE FL 34746 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLEVELAND, GREGORY 8049 WINDY HILL WAY ORLANDO, FL 32818 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER WAYARD CLEVELAND 1196 JESSAMINE LAKE COURT ORLANDO FL 32839 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PUBLIC RELATIONS DIRECTOR ERIC CLEVELAND 4356 FLORA VISTA DRIVE ORLANDO FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: Greg Cleveland Signature and typed or printed name of signing officer or director	DATE 04/24/05 Daytime Phone # 407-922-7814

FILED

05 MAY -2- PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252005 Chg-NP CR2E037 (10/03)

4. FEI Number 32-0116933 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
Name GREGORY L. CLEVELAND
Street Address (P.O. Box Number is Not Acceptable)
8049 Windy Hill Way
City ORLANDO FL Zip Code 32818

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SIGNATURE: Greg Cleveland
Signature and typed or printed name of signing officer or director DATE 04/24/05 Daytime Phone # 407-922-7814