

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-15-2006 90097 009 \*\*\*\*61.24  
N05000006214

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N05000006214</b> Entity Name <b>YOUTH CHRISTIAN NETWORK INC.</b>					
Principal Place of Business 241 NW 8TH AVE #107 HALLANDALE FL 33009			Mailing Address 241 NW 8TH AVE #107 HALLANDALE FL 33009		
2. Principal Place of Business 241 NW 8TH AVE Suite, Apt. #, etc. 107		3. Mailing Address 241 NW 8TH AVE Suite, Apt. #, etc. 107		4. FEI Number 02-0636731 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State Hallandale, FL		City & State Hallandale, FL			
Zip 33009		Country Broward			
6. Name and Address of Current Registered Agent ROBINSON, MARCUS 4062 SW 159 AVE MIRAMAR FL 33027				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, CORA 241 NW 8TH AVE #107 HALLANDALE FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 8/7/18	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAP WILLIAMS, RICHARD W 3400 ONYX RD MIRAMAR FL 33025 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRANDLEY, FRANKIE 16832 NW 19TH CT MIAMI FL 33050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOLAND, LANTONIA 69 NE 183TERR MIAMI FL 33169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WMS, DARRICK 200 SW 24 ST HOLLYWOOD FL 33024 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Richard Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/20/06</u> <small>Date</small>		