# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 06, 2006 8:00 am**
**Secretary of State**
09-06-2006 90038 029 ****70.90

DOCUMENT # N05000007472

1. Entity Name
TRIPLE THREAT YOUTH EMPOWERMENT SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1788 WOODENRAIL LANE<br>JACKSONVILLE, FL 32225 | PO BOX 550645<br>JACKSONVILLE, FL 32225 |

08232006 Chg-NP CR2E037 (4/06)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 203081114 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GIBSON, MONICA
1788 WOODENRAIL LANE
JACKSONVILLE, FL 32225

**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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>HOPKINS, ELSIE<br>5064 FINCH AVE<br>JACKSONVILLE, FL 32219 | ☐ Delete | V<br>DRAYTON, NICOLE<br>6339 ANVIL RD<br>JACKSONVILLE Florida 32277 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>KAHAN, DORSELLE<br>977 YARDLEY CT<br>JACKSONVILLE, FL 322221 | ☐ Delete | M<br>Scales, Jatia<br>7920 MERRILL RD<br>JACKSONVILLE, FL 32277 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BREWER, ERNESTINE<br>558460 TIMAQUANA RD<br>JACKSONVILLE, FL 32210 | ☑ Delete | S<br>Covington, Christina<br>8854 Oxfordshire Drive<br>Jacksonville FL 32219 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GIBSON, MONICA<br>1668 TUTBURY CT<br>JACKSONVILLE, FL 32246 | ☐ Delete | P Griffin, Gregory<br>1668 Tutbury Ct<br>Jax FL 32246 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALLEN, JUDY<br>1788 WOODENRAIL LANE<br>JACKSONVILLE, FL 32225 | ☐ Delete | T<br>HOPKINS, EISIE<br>5064 FINCH AVE<br>Jacksonville, Florida 32219 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Jatia Scales Jatia Scales 9/1/06 9045251131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #