

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008960

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** TOLO YOUTH ORGANIZATION INC

**Current Principal Place of Business:**

17230 NW 27 AVENUE  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

17230 NW 27 AVENUE  
MIAMI GARDENS, FL 33056

**New Mailing Address:**

**FEI Number:** 20-3440678

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, FRANCES  
1467 NW 155 STREET  
MIAMI GARDENS, FL 33054 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCUNE, CYNTHIA  
Address: 17230 NW 27 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: V ( ) Delete  
Name: OGBURN, DENISE  
Address: 17230 NW 27 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T ( ) Delete  
Name: JACKSON, LOUVINA  
Address: 17230 NW 27 AVENUE  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S ( ) Delete  
Name: WILLIAMS, FRANCES  
Address: 1467 NW 155 STREET  
City-St-Zip: MIAMI GARDENS, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA MCCUNE

P

04/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date