



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90355 050 ****61.25

DOCUMENT # N05000010160					
1. Entity Name ETHIOPIAN LION FAMILY COMMUNITY YOUTH MOVEMENT, INC					
Principal Place of Business 6561 NW 27TH STREET SUNRISE, FL 33313			Mailing Address 6561 NW 27TH STREET SUNRISE, FL 33313		
2. Principal Place of Business 6561 NW 27th Street Suite, Apt. #, etc.		3. Mailing Address 6561 NW 27th Street Suite, Apt. #, etc.			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 03-0567953	
Zip 33313		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, ALTON 6561 NW 27TH STREET SUNRISE, FL 33313			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME GRANT, ALTON STREET ADDRESS 6561 NW 27TH STREET CITY-ST-ZIP SUNRISE, FL 33313	<input type="checkbox"/> Delete		TITLE A NAME Trudi-Kaye Edmond STREET ADDRESS 6561 NW 27th Street CITY-ST-ZIP SUNRISE, FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME MORGAN, VERNON STREET ADDRESS 6561 NW 27TH STREET CITY-ST-ZIP SUNRISE, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WATTS, KATRICE STREET ADDRESS 6561 NW 27TH STREET CITY-ST-ZIP SUNRISE, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DAULEY, GLENROY STREET ADDRESS 6561 NW 27TH STREET CITY-ST-ZIP SUNRISE, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME SUNLIGHT, FANAYE STREET ADDRESS 6561 NW 27TH STREET CITY-ST-ZIP SUNRISE, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME RUBY, ANDREW STREET ADDRESS 6561 NW 27TH STREET CITY-ST-ZIP SUNRISE, FL 33313	<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 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: _____ <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>			Date: 4/11/06 (954) 572-1071		