


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90037 049 ****61.25

DOCUMENT # N06000001771	
1. Entity Name CHISHOLM YOUTH DEVELOPMENT CORPORATION	

Principal Place of Business 12148 ST ANDREWS PL #211 MIRAMAR, FL 33025	Mailing Address P.O. BOX 820492 PEMBROKE PINES, FL 33082
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40052010



03212007 Chg-NP CR2E037 (12/06)

4. FEI Number 56-2555524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHISHOLM, RETEVIA L 12148 ST ANDREWS PL #211 MIRAMAR, FL 33025		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	CP CHISHOLM, RETEVIA L P.O. BOX 820492 PEMBROKE PINES, FL 33082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairwoman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CHISHOLM, RETEVIA L P.O. BOX 820492 PEMBROKE PINES, FL 33082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COGDELL, DAMON P.O. BOX 820492 PEMBROKE PINES, FL 33082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, RESHAN P.O. BOX 820492 PEMBROKE PINES, FL 33082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNE, ANNETTE P.O. BOX 820492 PEMBROKE PINES, FL 33082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Andre Crenshaw, Esq. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 820492 Pembroke Pines, FL 33082

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: RETEVIA L. CHISHOLM 4-1-07 954-662-4843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RETEVIA L. CHISHOLM

Attachment

ATTACHMENT

40052076

CONTINUATION OF 2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT
DOCUMENT # N06000001771

11. Additions / Changes to Offices and Directors in 10

Addition:

Title:	T
Name:	Dana Moss
Street Address:	PO Box 820492
City-St-Zip:	Pembroke Pines, FL 33082