


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90006 015 \*\*\*\*70.00

<b>DOCUMENT # N06000006725</b> 1. Entity Name <b>MIAMI YOUTH FOUNDATION, INC.</b>					
Principal Place of Business <b>PO BOX 693098</b> <b>MIAMI, FL 33269</b>			Mailing Address <b>PO BOX 693098</b> <b>MIAMI, FL 33269</b>		
2. Principal Place of Business - No P.O. Box # <b>999 NORTHEAST 167TH STREET</b>		3. Mailing Address <b>P.O. BOX 612744</b>			
Suite, Apt. #, etc. <b>SUITE 205</b>		Suite, Apt. #, etc.			
City & State <b>NORTH MIAMI BEACH, FL</b>		City & State <b>NORTH MIAMI BEACH, FL</b>		4. FEI Number <b>20-4732253</b>	
Zip <b>33162</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33161</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent  <b>DEFILIE, FRANDLEY L</b> <b>13685 NORTHEAST 10TH AVENUE</b> <b>NORTH MIAMI, FL 33169</b>	
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 reappointing)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to 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	<b>VCD</b> <b>BAREFIELD, DON</b> <b>734 MOSS DRIVE</b> <b>COLUMBUS, GA 31904</b> <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	<b>CPD</b> <b>DEFILIE, FRANDLEY L</b> <b>1020 NORTHEAST 152ND TERRACE</b> <b>NORTH MIAMI BEACH, FL 33162</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CDED</b> <b>DEFILIE, FRANDLEY L</b> <b>1020 NORTHEAST 152ND TERRACE</b> <b>NORTH MIAMI BEACH, FL 33162</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAFRANCE, MARIE M</b> <b>1711 NORTHWEST 191ST STREET</b> <b>MIAMI GARDENS, FL 33056</b> <input checked="" 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	<b>D</b> <b>RENE, CLAIR</b> <b>409 E HALLANDALE BEACH BOULEVARD</b> <b>HALLANDALE BEACH, FL 33009</b> <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	<b>2VC</b> <b>VOLTAIRE, WEZINSKY</b> <b>320 NORTHWEST 11TH STREET</b> <b>NORTH MIAMI, FL 33168</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VOLTAIRE, WEZINSKY</b> <b>320 NORTHWEST 129TH STREET</b> <b>NORTH MIAMI, FL 33168</b> <input checked="" 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	<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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4-25-07 305-720-9287</b> <small>Date Daytime Phone #</small>		