

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007756

FILED  
Jul 15, 2007  
Secretary of State

**Entity Name:** ASSOCIATION FOR BLACK YOUTH IN AMERICA, INC.

**Current Principal Place of Business:**

333 NW 5TH STREET, APT. 1  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 669042  
POMPANO BEACH, FL 330669042

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

OLIVER, III, CHARLES H  
2100 EAST HALLANDALE BEACH SUITE 400  
HALLANDALE BEACH, FL 33009 US

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: DC ( ) Delete  
Name: MCCUTCHEON, ANTHONY  
Address: 333 NW 5TH STREET, APT 1  
City-St-Zip: POMPANO BEACH, FL 33060

Title: V ( ) Delete  
Name: WIMBERLY, ANNIE  
Address: 333 NW 5TH STREET, APT. 1  
City-St-Zip: POMPANO BEACH, FL 33060

Title: ST ( ) Delete  
Name: WIMBERLY, KALEATHA  
Address: 333 NW 5TH STREET, APT. 1  
City-St-Zip: POMPANO BEACH, FL 33060

**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:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY MCCUTCHEON

DC

07/15/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date