

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007327

FILED
May 01, 2008
Secretary of State

Entity Name: THE VILLAGE YOUTH SERVICES, INC.

Current Principal Place of Business:

960 NW 89TH STREET
MIAMI, FL 331502337

New Principal Place of Business:

Current Mailing Address:

960 NW 89TH STREET
MIAMI, FL 331502337

New Mailing Address:

FEI Number: 26-0612140 FEI Number Applied For () FEI Number Not Applicable () 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:

NOBLE, LAMEKKA
960 NW 89TH STREET
MIAMI, FL 331502337 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: DP () Delete
Name: NOBLE, LAMEKKA
Address: 960 NW 89TH STREET
City-St-Zip: MIAMI, FL 331502337

Title: D () Delete
Name: HOLMAN, KAMESHIA
Address: 960 NW 89TH STREET
City-St-Zip: MIAMI, FL 331502337

Title: D () Delete
Name: SINGLETON-KINDRED, LASHOAN
Address: 960 NW 89TH STREET
City-St-Zip: MIAMI, FL 331502337

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NOBLE, LAMEKKA
Address: PO BOX 530091
City-St-Zip: MIAMI SHORES, FL 33153

Title: D (X) Change () Addition
Name: HOLMAN, KAMESHIA
Address: PO BOX 530091
City-St-Zip: MIAMI SHORES, FL 33153

Title: D (X) Change () Addition
Name: SINGLETON-KINDRED, LASHOAN
Address: PO BOX 69-4925
City-St-Zip: MIAMI, FL 33269

Title: D () Change (X) Addition
Name: JOHNSON, MORRIS DR.
Address: PO BOX 530091
City-St-Zip: MIAMI SHORES, FL 33153

Title: D () Change (X) Addition
Name: ANDREWS, KENYATTA CPA
Address: PO BOX 530091
City-St-Zip: MIAMI SHORES, FL 33153

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: LAMEKKA NOBLE

DP

05/01/2008

Electronic Signature of Signing Officer or Director

Date