


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

1/ Mar 03, 2008 8:00 am
Secretary of State

01-16-2008 90022 025 ****70.00

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|--|--|---|--|---|--|
| DOCUMENT # N07000010925 | | | |  | |
| 1. Entity Name COMMUNITY ACADEMY FOR YOUTH DEVELOPMENT, INC. | | | | | |
| Principal Place of Business 1357 OVEALEA STREET CLEARWATER, FL 33755 | | | Mailing Address 1357 OVEALEA STREET CLEARWATER, FL 33755 | | |
| 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 | 4. FEI Number 83-0499102 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PRESTON, HARRY 1357 OVEALEA STREET CLEARWATER, FL 33755 | | | | 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, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | C PRESTON, HARRY 1357 OVEALEA STREET CLEARWATER, FL 33755 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DOREETHA LEONA HALL 418 EAST LAKE CLUB DR. OLDSMAK, FL 33467 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STEWART, LEE 31177 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CYNTHIA SAMUEL 912 JURGENS ST. CLEARWATER, FL 33755 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S PEOPLES, HARRIET 718 NORTH HIGHLAND AVENUE CLEARWATER, FL 33755 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JEROME JACKSON, JR 1001 N. MLK, JR. AVE #1102 CLEARWATER, FL 33755 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HABEEB-ULLAH, BILAL F 1201 DOUGLAS AVENUE CLEARWATER, FL 33755 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY DARBARA J. SOREY 301 N. BELCHER RD #754 LARGO, FL 33771 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER JANICE S. LONDON 5201 CUMBERLAND DRIVE TAMPA, FL 33617 | <input type="checkbox"/> Change <input checked="" 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. | | | | | |
| SIGNATURE: <i>Harry Preston</i> | | | 1-7-08 (727) 768-6996 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

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01082008 Chg-NP CR2E037 (12/06)