

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005226

FILED
Jan 17, 2009
Secretary of State

Entity Name: MOWASH YOUTH AND COMMUNITY DEVELOPMENT PROGRAM, INC.

Current Principal Place of Business:

6283 N.W. 201 TERRACE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172706
HIALEAH, FL 33017

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, LINDA
6283 NW 201 TERRACE
MIAMI, FL 33015 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: P () Delete
Name: WASHINGTON, MOSES D
Address: 6283 NW 201 TERRACE
City-St-Zip: MIAMI, FL 33015

Title: VP () Delete
Name: WASHINGTON-BROWN, LINDA
Address: 6283 NW 201 TERRACE
City-St-Zip: MIAMI, FL 33017

Title: S/T () Delete
Name: CLAYTON, MARQUETTA
Address: 10200 INDEPENDENCE PARKWAY
City-St-Zip: PLANO, TX 75025

Title: M () Delete
Name: BELL, LARECHIA
Address: 266 NW 47TH TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: M () Delete
Name: JONES, MONICA
Address: 10200 INDEPENDENCE PARKWAY
City-St-Zip: PLANO, TX 75025

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:

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: MOSES DAVID WASHINGTON

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date