

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005652

FILED  
Feb 19, 2011  
Secretary of State

**Entity Name:** NORTH PORT ST.JOE COMMUNITY YOUTH INITIATIVE, INC.

**Current Principal Place of Business:**

407 PARK STREET  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

316 AVENUE B  
PORT ST. JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 80-0210301

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIKELY, MINNIE  
316 AVENUE B  
PORT ST. JOE, FL 32456 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: C  
Name: WOODS, DAVID JR  
Address: 102 LARAMIE CIRCLE  
City-St-Zip: SPRINGFIELD, FL 32401

Title: S  
Name: PATTEN, VIVIAN  
Address: 165 ROBBINS AVE  
City-St-Zip: PORT ST.JOE, FL 32456

Title: D  
Name: WHITE, CARL  
Address: 140 ROBBINS AVENUE  
City-St-Zip: PORT ST.JOE, FL 32456

Title: D  
Name: DANIELS, VALERIA  
Address: 190 AVENUE D  
City-St-Zip: PORT ST.JOE, FL 32456

Title: D  
Name: SPEIGTS, SHARON  
Address: 261 AVENUE A  
City-St-Zip: PORT ST. JOE, FL 32456

I hereby 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 all other like empowered.

SIGNATURE: MINNIE J. LIKELY

D

02/19/2011

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

\_\_\_\_\_  
Date