

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000009886

FILED  
Dec 02, 2009  
Secretary of State

**Entity Name:** COMMUNITY YOUTH PROGRAM AND HOMELESS FEEDING CORP.

**Current Principal Place of Business:**

251 NE 166 STREET  
MIAMI, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

251 NE 166 STREET  
MIAMI, FL 33162

**New Mailing Address:**

**FEI Number:** 27-0279991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELVA, ANNE MARIE  
550 NE 138 STREET  
MIAMI, FL 33161 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: ANNE MARIE DELVA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR. ( ) Delete  
Name: LAURENT, NEVIL  
Address: 550 NE 138TH STREET  
City-St-Zip: MIAMI, FL 63161

Title: DIR. ( ) Delete  
Name: DELVA, ANNE MARIE  
Address: 550 NE 138TH STREET  
City-St-Zip: MIAMI, FL 63161

Title: SEC. ( ) Delete  
Name: GEDEON, MARIE  
Address: 3261 NW 214 STREET  
City-St-Zip: MIAMI, FL 33056

Title: DIR. (X) Delete  
Name: PACOULOUE, BRENDA  
Address: 7021 NW 3RD AVENUE  
City-St-Zip: MIAMI, FL 33150

**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:

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: ANNE MARIE DELVA

DIR

12/02/2009

Electronic Signature of Signing Officer or Director

Date