

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000005976

**FILED**  
**Jun 11, 2012**  
**Secretary of State**

**Entity Name:** YOUTH VIOLENCE PREVENTION COALITION, INCORPORATED

**Current Principal Place of Business:**

303 NW 191ST STREET  
MIAMI, FL 33169

**New Principal Place of Business:**

303 NW 191ST STREET  
MIAMI, FL 33169 UN

**Current Mailing Address:**

303 NW 191ST STREET  
MIAMI, FL 33169

**New Mailing Address:**

**FEI Number:** 36-4666280

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAALIBDEEN, RACHEL  
303 NW 191ST STREET  
MIAMI, FL 33169 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  
Name: WILLIAMS, DAVID JR.  
Address: 17640 NW 18TH COURT  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP  
Name: RUSSELL, JANNIE  
Address: 1210 PERI STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: SECR  
Name: JOHNSON, DOROTHY  
Address: 13724 NW 22ND PLACE  
City-St-Zip: OPA LOCKA, FL 33054

Title: MEM  
Name: RIDLEY, CHUCK  
Address: 210 NW 2ND AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: MEM  
Name: NELSON, VERNITA  
Address: 1683 NW 193RD STREET  
City-St-Zip: MIAMI GARDENS,, FL 33169

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: RACHEL TAALIBDEEN

E.D.

06/11/2012

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

\_\_\_\_\_  
Date