

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N36086**

1. Entity Name  
**OMEGA YOUTH AND COMMUNITY DEVELOPMENT  
FOUNDATION, INC.**



Principal Place of Business  
P.O. BOX 2855  
FORT MYERS, FL 33902

Mailing Address  
P.O. BOX 2855  
FORT MYERS, FL 33902



**DO NOT WRITE IN THIS SPACE**

04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number **65-0235576** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ISAAC, DONALD  
11537 TIMBERLINE CIRCLE  
FORT MYERS, FL 33912

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DT
NAME	FULTZ, DARIAN
STREET ADDRESS	3765 WINKLER EXT
CITY-ST-ZIP	FORT MYERS, FL
TITLE	DM
NAME	WHITAKE, DONALD
STREET ADDRESS	127 N.E. 9TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33909
TITLE	DS
NAME	ISAAC, DONALD
STREET ADDRESS	11537 TIMBERLINE CIRCLE
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	DV
NAME	WILLIAMS, JOE JR
STREET ADDRESS	3148 GUAVA ST
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	P
NAME	JACKSON, WILLIE
STREET ADDRESS	2604 ST CHARLES ST
CITY-ST-ZIP	FT MEYERS, FL 33916
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000316455

04/19/05-80076-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Willie Jackson* **WILLIE JACKSON**

Date

Daytime Phone #

**4-1405**