

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46048**

1. Entity Name  
**YOUTH OF AMERICA INC.**



Principal Place of Business

**6102 N W 7TH AVENUE  
MIAMI, FL 33127 US**

Mailing Address

**6102 N W 7TH AVENUE  
MIAMI, FL 33127 US**

**DO NOT WRITE IN THIS SPACE**



02172005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

**65-0302877**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HARDEMON, WALTER  
655 N W 48TH STREET  
MIAMI, FL 33127**

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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

*Walter Hardemon* (Signature)  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature not required when re-registering)

*2/17/05*  
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 PD  
NAME FINNIE, GENE  
STREET ADDRESS 1053 N W 85TH STREET  
CITY- ST- ZIP MIAMI, FL 33150

TITLE T  
NAME HARDEMON, APRIL  
STREET ADDRESS 655 N W 48TH STREET  
CITY- ST- ZIP MIAMI, FL 33127

TITLE SAD  
NAME WILLIAMS, WILLIE  
STREET ADDRESS 1501 N W 55TH STREET  
CITY- ST- ZIP MIAMI, FL 33150

TITLE T  
NAME REEVES, GARTH  
STREET ADDRESS 90 N W 54TH STREET  
CITY- ST- ZIP MIAMI, FL 33148

TITLE V  
NAME DALLEMAND, LESLIE  
STREET ADDRESS 6102 NW 7 AVE  
CITY- ST- ZIP MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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:

*Walter Hardemon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Cell Phone #

*2/17/05 (305) 757-8555*