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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49878** (4)

1. Corporation Name

INNER CITY YOUTH CENTER, INC.



Principal Place of Business

Mailing Address

**7412 NW 22ND AVE.
MIAMI FL 33147**

**7412 NW 22ND AVE.
MIAMI FL 33147-6014**

3. Date Incorporated or Qualified
07/13/1992

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
65-0351688

Applied For
Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAWKINS, LOUIS A.
7412 NW 22ND AVE.
MIAMI FL 33147**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **DAWKINS, LOUIS A.**
CITY-ST-ZIP **7412 NW 22ND AVE.
MIAMI FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **TD**
1.3 STREET ADDRESS **MICHAEL ABRAMS**
1.4 CITY-ST-ZIP **40 RAUSCHER, PIERCE & AL, 2015. BRAYNE BLVD
MIAMI, FL 33121**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **MILLS, LARRY REV.**
CITY-ST-ZIP **4910 N.W. 181ST TERRACE
MIAMI FL 33056**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **RANDY ZOMERHAAND**
2.4 CITY-ST-ZIP **40 PCA HEALTH PLANE - 5957 BLUE LAGOON DRIVE
MIAMI, FL 33126**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **DAWKINS, ISABELL**
CITY-ST-ZIP **7412 NW 22 AVE
MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louis A. Dawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

576-1071

Date

Daytime Phone # 0030657

CR2637 (9/96)