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03-08-1999 90037 005 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49878

1. Corporation Name

INNER CITY YOUTH CENTER, INC.

Principal Place of Business

**7412 NW 22ND AVE. 525 NW 62ND ST
MIAMI FL 33147 MIAMI, FL 33150**

Mailing Address

**7412 NW 22ND AVE. 525 NW 62ND ST
MIAMI FL 33147 MIAMI, FL 33150**



2. Principal Place of Business

525 NW 62ND ST

2a. Mailing Address

525 NW 62ND ST

3. Date Incorporated or Qualified

07/13/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0351688

Applied For

Not Applicable

City & State

MIAMI FL

City & State

MIAMI FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

33150

Country

USA

Zip

33150

Country

USA

6. Election Campaign Financing

Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
525 NW 62ND ST

83

84 City **MIAMI**

FL

85 Zip Code
33150

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]

(NOTE: Registered Agent signature required when reinstating)

2/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

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

TITLE **TD** ☐ DELETE

NAME **ABRAMS, MICHAEL %RAUSC P**
STREET ADDRESS **201 S BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **BOMERMAAND, RANDY %PCA HEA**
STREET ADDRESS **5959 BLUD LAGOON DR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **525 NW 62ND ST**
1.4 CITY-ST-ZIP **MIAMI, FL 33150**

2.1 TITLE **Treasurer, Director (TD)** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **2919 NE 191 ST # 450**
2.4 CITY-ST-ZIP **Aventura, FL 33180**

3.1 TITLE **Acting Chairman (CD)** ☒ Change ☐ Addition

3.2 NAME **Zomermaand, Randy**
3.3 STREET ADDRESS **1105 Malaga Ave**
3.4 CITY-ST-ZIP **Coral Gables, FL 33134**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 (305) 758-0700
Date Daytime Phone #

CR2E037 (11/98)