

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90061 046 \*\*\*\*70.00

**DOCUMENT # N50985**

1. Entity Name

**CONCERNED YOUTH FOR COMMUNITY IMPROVEMENT,  
INC.**



Principal Place of Business

Mailing Address

**360 E MAIN ST  
PAHOKEE FL 33476  
US**

**P.O. BOX 410  
PAHOKEE FL 33476**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0382455**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, PATRICIA S.  
145 APPLE AVE.  
PAHOKEE FL 33476**

Name

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

City

**FL**

Zip Code

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

*Patricia S. Wallace*

*Patricia S. Wallace*

*1/31/05*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO	<input type="checkbox"/> Delete
NAME	WALLCE, PATRICIAL S REV.	
STREET ADDRESS	145 APPLE AVENUE	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, HERBERT J JR.	
STREET ADDRESS	1442 1/2 E. 7TH ST.	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGLETARY, ROY	
STREET ADDRESS	250 S. LAKE AVE.	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOOKAL, THELMA	
STREET ADDRESS	2106 PALM GLADE DRIVE	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, RON	
STREET ADDRESS	8357 DOVE LAND DRIVE #E	
CITY-ST-ZIP	PAHOKEE FL 33476	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTSON, L.C.	
STREET ADDRESS	442 SAGO COURT	
CITY-ST-ZIP	PAHOKEE FL 33476	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tameka Hudson	
STREET ADDRESS	320 West 5th Terrace	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harvey Mitchell	
STREET ADDRESS	197 East 5th Street	
CITY-ST-ZIP	PAHOKEE, FL 33476	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:** *Patricia S. Wallace* *Patricia S. Wallace* *1/31/05* *561-924-7030*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #