2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007
Secretary of State

DOCUMENT# N50985

Entity Name: CONCERNED YOUTH FOR COMMUNITY IMPROVEMENT, INC.

Current Principal Place of Business:

360 E MAIN ST
PAHOKEE, FL 33476 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410
PAHOKEE, FL 33476

New Mailing Address:

FEI Number: 65-0382455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: WALLCE, PATRICIAL S REV.
Address: 145 APPLE AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete
Name: CRAWFORD, HERBERT J JR.
Address: 1442 1/2 E. 7TH ST.
City-St-Zip: PAHOKEE, FL

Title: S ( ) Delete
Name: HUDSON, TAMEKA
Address: 320 WEST 5TH TERRACE
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete
Name: MITCHELL, HARVEY
Address: 197 EAST 5TH STREET
City-St-Zip: PAHOKEE, FL 33476

Title: D ( ) Delete
Name: ROBERTSON, L.C.
Address: 442 SAGO COURT
City-St-Zip: PAHOKEE, FL 33476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FOUNTAIN, CALVIN
Address: 389 EISENHOWER
City-St-Zip: PAHOKEE, FL 33476

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA S WALLACE CEO 07/11/2007
Electronic Signature of Signing Officer or Director Date