


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90107 041 ****70.00

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| DOCUMENT # N92000000420 1. Entity Name FRIENDS OF CHILDREN, YOUTH AND FAMILIES, INCORPORATED |  |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

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|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business 7272 W. OAKLAND PARK BLVD LAUDERHILL, FL 33313 US | Mailing Address 7272 W. OAKLAND PARK BLVD LAUDERHILL, FL 33313 US |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0376540 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

**MCDONALD-WILSON, MARY
6471 KIMBERLY BLVD.
NORTH LAUDERDALE, FL 33069**

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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 *Mary McDonald-Wilson* DATE *4/28/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP | CD RUSH-ADAMS, BEATRICE 5300 NW 12TH COURT LAUDERHILL, FL 33313 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV BEETS, JANET 6619 SW 4TH PLACE FT. LAUDERDALE, FL 33076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HAMILTON, WAYNE 5315 NW 122ND DRIVE CORAL SPRINGS, FL 33076 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD JONES, PATSY 1741 NW 51ST AVENUE LAUDERHILL, FL 33313 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | LCD WILLIAMS, LEVI 200 S.E. 13TH AVENUE FT. LAUDERDALE, FL 33313 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: *Wilhelm Myles* **WILHE MYLES** *4-28-05 (954) 578-8399x123*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #