

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000004806 (6)

1. Corporation Name

PROJECT: YOUTH OUTREACH UNLIMITED (Y.O.U.) - NEW
BEGINNING MULTI-PURPOSE COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

2775 NW 183 ST
MIAMI FL 33056

2775 NW 183 ST
MIAMI FL 33056

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

24

25

29

30

g. Name and Address of Current Registered Agent

READON, I H
2775 NW 183 ST
MIAMI FL 33056

81 Name

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

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1993

3a. Date of Last Report

04/03/1996

4. FEI Number

65-0448003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

I. H. Readon

I. H. READON

12-5-1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	READON, IRVIN H	
STREET ADDRESS	9326 NW 13 CT	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, CHARLES	
STREET ADDRESS	3755 NW 178 TERR.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	THOMAS, MARY	
STREET ADDRESS	3740 NW 193 TER	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TAYLOR, CHARLES	
STREET ADDRESS	429 NW 185 TER	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Secretary/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Delores Walker
2.3 STREET ADDRESS	12127 S.W. 11th Ct. Bldg 956
2.4 CITY-ST-ZIP	Miramar, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Franco Vangates
3.3 STREET ADDRESS	1975 NW 155 St
3.4 CITY-ST-ZIP	Miami, FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Willie Wells
4.3 STREET ADDRESS	301 N.E. 172nd St
4.4 CITY-ST-ZIP	Miami, FL 33169 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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.

APPROVED
AND
FILED

97 DEC 22 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)