

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 05 1998 8:00am
Secretary of State

000407

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

3. Date Incorporated or Qualified

10/25/1993

4. FEI Number

65-0448003

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2775 NW 183 ST

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 MIAMI, FL

28 MIAMI, FL

24 Zip

25 Country

29 Zip

30 Country

24 33056

25 Do not

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME READON, IRVIN H
STREET ADDRESS 8326 NW 13 CT
CITY-ST-ZIP MIAMI FL 33147

TITLE DST
NAME WALKER, DELORES
STREET ADDRESS 12127 S.W. 11TH CT., BLDG. 956
CITY-ST-ZIP MIRAMAR FL 33025

TITLE M
NAME VANGATES, FRANCE
STREET ADDRESS 1975 N.W. 155 STREET
CITY-ST-ZIP MIAMI FL 33054

TITLE MD
NAME WELLS, WILLIE
STREET ADDRESS 901 N.W. 172ND STREET
CITY-ST-ZIP MIAMI FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.D. Irvin H. Readon
1.2 NAME 2775 NW 183 ST
1.3 STREET ADDRESS MIAMI FL 33056
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-98-305-6209319

CR2E037 (5/98)