

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90076 045 \*\*\*\*61.25

**DOCUMENT # N93000004806**

1. Corporation Name:

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

Principal Place of Business

2775 NW 183 ST  
MIAMI FL 33056  
US

Mailing Address

2775 NW 183 ST  
MIAMI FL 33056



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

10/25/1993

4. FEI Number

65-0448003

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

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

8. Name and Address of Current Registered Agent

**READON, I H  
2775 NW 183 ST  
MIAMI FL 33056**

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **PD  
READON, IRVIN H**  
STREET ADDRESS **2775 NW 183RD STREET**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME **MD  
WELLS, WILLIE**  
STREET ADDRESS **301 N.W. 172ND STREET**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**MD  
Williams, Robert  
2240 N.W. 97th  
Miami, Fla. 33166**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

(305) 620-9819

Daytime Phone #

CR25037 (11/98)