

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002446

FILED
Apr 27, 2009
Secretary of State

Entity Name: SOUTH MIAMI ALLIANCE FOR YOUTH, INC.

Current Principal Place of Business:

5800 SW 66TH ST
SOUTH MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 432614
S. MIAMI, FL 33143

New Mailing Address:

5800 SW 66TH ST
SOUTH MIAMI, FL 33143

FEI Number: 65-0612401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCANTS, JAMES
6272 S. W. 59TH PLACE
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

MCCANTS, JAMES
6210 S. W. 63 TERRACE
SOUTH MIAMI, FL 33143 US

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: JAMES MCCANTS

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KELLY, LEVY
Address: 6250 SW 60TH AVE
City-St-Zip: S. MIAMI, FL 33143

Title: VP () Delete
Name: HARRELL, DAISY
Address: 6030 SW 62ND PL
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: STEPHENS, RENETTA
Address: 6530 SW 68TH AVE
City-St-Zip: S MIAMI, FL 33143

Title: T () Delete
Name: DEVEREUX, RYAN
Address: 5840 SW 44TH TERR
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: WARD, DICK
Address: 8325 S.W. 62ND CT.
City-St-Zip: MIAMI, FL 33143

Title: D (X) Delete
Name: PERRY, LEE
Address: 6221 S.W. 62ND TERRACE
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: PAYNE, NKENGA
Address: 6521 S. W. 59 AVENUE
City-St-Zip: MIAMI, FL 33143

Title: T (X) Change () Addition
Name: MCCANTS, JAMES
Address: 6210 S. W. 63 TERRACE
City-St-Zip: MIAMI, FL 33143

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

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

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: LEVY KELLY

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date