

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED

05 AUG -3 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



K. Eckel AUG 09 2005

2nd MOORE CR2E037 (5/05)

DOCUMENT # N95000003418	
1. Entity Name YOUTH SECURITY OUTREACH CLUB INC.	
Principal Place of Business 220 39TH ST S SAINT PETERSBURG FL 33711	Mailing Address 220 39TH ST S ST PETERSBURG FL 33712
2. Principal Place of Business 134-40th St. SO	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State St. Petersburg, FL	City & State
Zip 33711	Country Pinellas

4. FEI Number 59-3331846	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPELLS, NEEDA 220 39TH ST S ST PETERSBURG FL 33712	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Needa Spells* DATE *8-1-05*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. PD OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPELLS, NEEDA 220 39TH ST S ST PETERSBURG FL 33712 VD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500058539865 08/12/05--01067--009 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SELLERS, MINNIE 3055 36TH AVE S ST PETERSBURG FL 33712 SD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BEDDEN, DOLORES 3055-36TH AVENUE SOUTH SAINT PETERSBURG FL 33712 TD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FALANA, CLINTON 1675 22ND AVE S ST PETERSBURG FL D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JONES, SIRLESTER 134 S. 40TH ST SAINT PETERSBURG FL 33711 D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WATERS, FLOYD L 2267 26TH AVE S ST PETERSBURG FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Needa Spells* DATE *8-1-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR