

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 24 1997 8:00 am  
Secretary of State

DOCUMENT # N96000004246 (2)

1. Corporation Name

SERVICES AND OPPORTUNITIES FOR YOUTH AND FAMILY  
CORP.



Principal Place of Business

Mailing Address

1781 NW 175TH ST  
MIAMI FL 33056

1781 NW 175TH ST  
MIAMI FL 33056-4953

3. Date Incorporated or Qualified  
08/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GLOVER, CLYDE  
1781 NW 175TH 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> DELETE
NAME	CLYDE B. GLOVER	
STREET ADDRESS	1781 NW 175th Street	
CITY-ST-ZIP	Miami, Florida 33056	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	OPHELIA YOUNG	
STREET ADDRESS	17500 NW 9th PLACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33169	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	EDWARD FERGUSON	
STREET ADDRESS	1781 NW 175th STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33056	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	CAROLYN COOPER	
STREET ADDRESS	1511 NW 168th TERRACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33169	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500002158285  
-04/29/97--01054--058  
\*\*\*61.25

3/11/97

Daytime Phone # 0026130

CR2E037 (9/96)