

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90013 020 \*\*\*\*70.00

**DOCUMENT # N97000000552**

1. Entity Name  
YOUTH & COMMUNITY DEVELOPMENT MINISTRIES,  
INC.



Principal Place of Business  
2030 N.W. 49TH STREET  
LAUDERHILL, FL 33313

Mailing Address  
2030 N.W. 49TH STREET  
LAUDERHILL, FL 33313

**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
65-0126325

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

BAUGH, ALLAN  
2030 N.W. 49TH STREET  
LAUDERHILL, FL 33313

**DO NOT WRITE  
IN THIS SPACE**

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 ALLAN BAUGH 03-22-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BAUGH, ALLAN
STREET ADDRESS	4817 N.W. 7TH STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	SD
NAME	PRESCOTT, VERONICA
STREET ADDRESS	4730 N.W. 11TH PLACE
CITY-ST-ZIP	LAUDERHILL, FL 33313 (delete)
TITLE	TD
NAME	ROYES, DAPHNE
STREET ADDRESS	3365 N.W. 83 COURT
CITY-ST-ZIP	LAUDERLAKES, FL 33309 (delete)
TITLE	AP
NAME	CAMPBELL, WINSTON
STREET ADDRESS	3360 SPANISH MOSS TERR., #404
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	
NAME	Sheldon Pinder - youth minister
STREET ADDRESS	4934 NW 82 Ave
CITY-ST-ZIP	Lauderhill, FL 33351 (add)
TITLE	
NAME	Paul Baugh - book-keeper
STREET ADDRESS	8520 NW 52 Ct.
CITY-ST-ZIP	Lauderhill, FL 33351 (add)

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #