


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000000552 1. Entity Name YOUTH & COMMUNITY DEVELOPMENT MINISTRIES, INC.	
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Principal Place of Business 4767 NW 24 CT LAUDERDALE LAKES, FL 33313	Mailing Address 4767 NW 24 CT LAUDERDALE LAKES, FL 33313
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0126325	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: Allan Baugh - Pastor DATE: 03/31/08
(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUGH, ALLAN 4817 N.W. 7TH STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AP CAMPBELL, WINSTON 3981 NW 108 DR CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YM PINDER, SHELDON 4934 NW 82 AVENUE LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B BAUGH, PAUL 8520 NW 52 CT LAUDERHILL, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/15/09-80040-021 210.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Daphne Royes **DAPHNE ROYES** DATE: 03.31.08 954 640 3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR