

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N97000001512

Entity Name: INVESTING IN OUR YOUTH, INC.

Current Principal Place of Business:

1131-D LIVE OAK ST.
OFFICE CENTER
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 105
QUINCY, FL 323530105

New Mailing Address:

FEI Number: 59-3424875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VENISEE, ALMA
209 PATTON STREET
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WASHINGTON, SHARON
Address: 430 SOUTH 9TH ST
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: HALL, QUINTON
Address: 1613 HARDIN STREET
City-St-Zip: QUINCY, FL 32351

Title: SD () Delete
Name: HARRELL, FRANCIS
Address: PO BOX 123
City-St-Zip: QUINCY, FL 32353

Title: D () Delete
Name: DAVIS, KELTON
Address: 84 TWO STATE STREET
City-St-Zip: HAVANA, FL 32333

Title: D () Delete
Name: CLOUD, SMANTHA
Address: 1010 BASIN STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: CHILDRESS, MELINDA
Address: 112 SOUTH 8TH STREET
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BELL, PATRICIA
Address: 203 MESSER LANE
City-St-Zip: TALLAHASSEE, FL 32304

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

Title: D (X) Change () Addition
Name: BATTLES, ARRIE
Address: 919 HARDIN STREET
City-St-Zip: QUINCY, FL 32351

Title: D (X) Change () Addition
Name: PITTS, CHARLOTTE
Address: 2015 MLK BLVD
City-St-Zip: QUINCY, FL 32351

Title: D (X) Change () Addition
Name: GOLDWIRE, VERA
Address: 112 SOUTH 8TH STREET
City-St-Zip: QUINCY, FL 32351

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALMA VENISEE

ED

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date