

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002197

FILED  
May 05, 2005  
Secretary of State

**Entity Name:** MEN, WOMEN AND YOUTH IN ACTION, USA INC.

**Current Principal Place of Business:**

540 PECAN AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 952517  
LAKE MARY, FL 327952517

**New Mailing Address:**

**FEI Number:** 59-3358267      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BENJAMIN, PAUL SR  
540 PECAN AVENUE  
SANFORD, FL 32771      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: PD      ( ) Delete  
Name: BENJAMIN, PAUL REV.  
Address: 540 PECAN AVE  
City-St-Zip: SANFORD, FL 32771

Title: ST      ( ) Delete  
Name: BENJAMIN, JACQUELINE  
Address: 540 PECAN AVE  
City-St-Zip: SANFORD, FL 32771

Title: D      ( ) Delete  
Name: WILSON, FREDERICK  
Address: 540 PECAN AVE  
City-St-Zip: SANFORD, FL 32771

Title: SD      (X) Delete  
Name: STAPLER, SYDELL  
Address: 608 WEST 22 STREET  
City-St-Zip: SANFORD, FL 32771

Title: D      ( ) Delete  
Name: PESTER, MARK  
Address: 540 PECAN AVE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: PAUL BENJAMIN SR.

P

05/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date