

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # N947000004381

1. Entity Name

**SOUTH FLORIDA YOUTH ASSOCIATION  
INC.**



03 SEP 26 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**110 EAST ATLANTIC AVE**

3. Mailing Address

**110 EAST ATLANTIC AVE**

Suite/Apt. #, etc.

**# 320**

Suite/Apt. #, etc.

**# 320**

DO NOT WRITE IN THIS SPACE

City & State

**DELRAY BEACH, FL.**

City & State

**DELRAY BEACH, FL.**

4. FEI Number

**650779341**

Applied For

Not Applicable

Zip

**33444**

Country

**PAUM BEACH**

Zip

**33444**

Country

**PAUM BEACH**

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**WILLIAM R. BECKER**

Street Address (P.O. Box Number is Not Acceptable)

**110 EAST ATLANTIC AVE. #320**

**DELRAY BEACH**

City

**FL**

Zip Code

**33444**

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

**William R. Becker, President**

**9/25/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.

☒

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

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT, CHAIRMAN P, C  
WILLIAM R. BECKER  
110 EAST ATLANTIC AVE. #320  
DELRAY BEACH, FL. 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR, TREASURER, T  
MATTHEW J. COHEN  
110 EAST ATLANTIC AVE. #320  
DELRAY BEACH, FL. 33444**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**MJC**

**DIRECTOR - MATTHEW J. COHEN**

**9-25-03**

**561-723-5802**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

9/25

South Florida Youth Association  
Non Profit Organization 501C (3) Doc. No. N97000004381  
110 East Atlantic Avenue  
#320  
Delray Beach, Florida 33444

Department Of State  
Division Of Corporation  
George Firestone Building  
409 East Gaines Street  
Tallahassee, Florida 32399

September 23, 2003

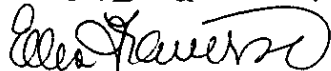
To Whom It May Concern,

Enclosed is the Annual Filing Application for the South Florida Youth Association. I am the Co-ordinator for this organization and was notified today that apparently this application was never received to the address above because the office was moved to a different suite number. After speaking to a representative from your office, I am immediately sending you the application with a check enclosed, too. I have included an additional \$8.75 to have a copy sent to me at the following address:

Mrs. Ellen Traverso  
c/o South Florida Youth Association  
10199 182nd Lane South  
Boca Raton, Florida 33498

I appreciate and thank you in advance for any prompt attention you can give to processing this application and report.

Yours Truly,



Ellen Traverso  
Co-ordinator  
South Florida Youth Association