

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 SEP 30 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006678

1. Entity Name

INNER CITY YOUTH OF SOUTH FLORIDA-YOUTH ATHLETIC LEAGUE, INC.

Principal Place of Business

Mailing Address

~~2950 NW 171 ST MIAMI FL 33056~~
9641 N.W. 22 Ave
Miami, FL 33147

~~2950 NW 171 ST MIAMI FL 33056~~
4430 N.W. 173 DR
Miami, FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

by

4. FEI Number **65-0943813**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COLEBROOK, ARTHUR
4220 NW 173RD DRIVE
MIAMI FL 33055~~
Pastor Anthony Dawkins
4430 N.W. 173 DR
Miami, FL 33055

Name
Street Address (P.O., Box Number is Not Acceptable)
City
FL Zip Code

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 *Pastor Louis A. Dawkins*

Pastor Anthony Dawkins 9/6/02

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	FSTD	<input type="checkbox"/> Delete
NAME	MCDUFFIE, LINDA	
STREET ADDRESS	2950 NW 171ST STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAMPBELL DEWAR, JOAN	
STREET ADDRESS	4420 NW 172ND DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAWKINS, ANTHONY	
STREET ADDRESS	4430 NW 173RD DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	COLEBROOK, ARTHUR	
STREET ADDRESS	4220 NW 173RD DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Butler	
STREET ADDRESS	4430 N.W. 173 DR	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terisha McPhee	
STREET ADDRESS	712 N.W. 32 AVE.	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doc. Mathew	
STREET ADDRESS	9641 N.W. 27 AVE	
CITY-ST-ZIP	Miami, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis A. Dawkins JR.	
STREET ADDRESS	4430 N.W. 173 DR	
CITY-ST-ZIP	Miami, FL 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: *Pastor Louis A. Dawkins*

Date: 7/29/02
Daytime Phone #: (305) 621-3867 / (305) 962-3517

CR2E037 (4/02)