


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90192 042 ****61.25

DOCUMENT # N98000006678

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




Principal Place of Business
**8001 NW 22 AVE
 MIAMI, FL 33147 US**

Mailing Address
**8001 NW 22 AVE
 MIAMI, FL 33147 US**

24068103

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04192004 Chg-NP CR2E037 (10/03)

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

**DAWKINS, LOUIS A
 4430 NW 173RD DRIVE
 MIAMI, FL 33055**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

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	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	D DAWKINS JOANNE BUTTLER, JOANNA	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	4430 NW 173RD DR	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	D MCPHEE, TENISHA Taneisha	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	7412 NW 22 AVE	
CITY-ST-ZIP	MIAMI, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Fussell-Wilson, Nicola	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	19204 N.W. 28th Ct	
CITY-ST-ZIP	Miami, FL 33056	
TITLE	Spann, Mamie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1064 N.W. 75th St	
CITY-ST-ZIP	Miami, FL 33150	
TITLE	Vickers, Charlene	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	8525 N.W. 14th Ct	
CITY-ST-ZIP	Miami, FL 33147	
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)(l), 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: *Anthony Dawkins* **President** **4-25-04** **(305) 962-3519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #