


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90132 050 ****61.25

| | | | |
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| 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FSTD MCDUFFIE, LINDA 2950 NW 171ST STREET MIAMI FL 33056 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wilson, NICOLA 8001 N.W. 22nd Ave Miami, FL 33147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CAMPBELL DEWAR, JOAN <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MAMIE SPANN 8001 NW 22nd AVE MIAMI, FL 33147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDIC DAWKINS, ANTHONY 4430 NW 173RD DR MIAMI FL 33055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jason Thomas 8001 N.W. 22nd Ave Miami, FL 33147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COLEBROOK, ARTHUR <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Traci Thomas (D) 8001 N.W. 22nd Ave Miami, FL 33147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D DAWKINS, JOANNE 4430 NW 173RD DR MIAMI FL 33055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charlene Vukers (D) 8001 N.W. 22nd Ave Miami, FL 33147 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCPHEE, TANEISHA 7412 NW 22 AVE MIAMI FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stacy Foster (D/S) 8001 N.W. 22nd Ave Miami, FL 33147 |



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0943813** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/18/05 DAYTIME PHONE: 605/696-3451