


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90073 023 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1865 N.W. 69 TERMS			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Miam, FL 33147			
Zip	Country	Zip	Country	4. FEI Number 65-0943813	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 Anthony Dawkins 1865 N.W. 69 TERMS City Miam: FL Zip Code 33147		
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 resigning) DATE _____					
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		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	FSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCDUFFIE, LINDA		NAME		
STREET ADDRESS	2950 NW 171ST STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33056		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, NICOLA		NAME		
STREET ADDRESS	8001 NW 22 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33147		CITY-ST-ZIP		
TITLE	PDC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAWKINS, ANTHONY		NAME		
STREET ADDRESS	4430 NW 173RD DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLEBROOK, ARTHUR		NAME		
STREET ADDRESS	4220 NW 173RD DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAWKINS, JOANNE		NAME		
STREET ADDRESS	4430 NW 173RD DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHEE, TANEISHA		NAME		
STREET ADDRESS	7412 NW 22 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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)* (Louis A. Dawkins) 7/5/07 (305) 962-3517