

**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

Mailing Address

~~8001 NW 22 AVE~~  
~~MIAMI FL 33147~~  
 US

~~8001 NW 22 AVE~~  
~~MIAMI FL 33147~~  
 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1865 N.W. 69 TERES

Miam, FL 33147

Zip: 33147 Country: Flade

2nd MOORE CR2E037 (4/07)

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

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

Name: Anthony Dawkins  
1865 N.W. 69 TERES

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

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

(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.

**\$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	D	<input type="checkbox"/> Delete
NAME	WILSON, NICOLA	
STREET ADDRESS	8001 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	DAWKINS, ANTHONY	
STREET ADDRESS	4430 NW 173RD DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEBROOK, ARTHUR	
STREET ADDRESS	4220 NW 173RD DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAWKINS, JOANNE	
STREET ADDRESS	4430 NW 173RD DR	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCPHEE, TANEISHA	
STREET ADDRESS	7412 NW 22 AVE	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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 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: Anthony Dawkins (Louis A. Dawkins)

7/5/07 (305) 962-3517