

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90301 023 \*\*\*\*61.25

**DOCUMENT # N98000006678**  
1. Entity Name  
**INNER CITY YOUTH OF SOUTH FLORIDA-YOUTH ATHLETIC LEAGUE, INC.**



Principal Place of Business  
~~9641 NW 22 AVE.~~  
~~MIAMI FL 33147~~  
**US 8001 N.W. 22 AVE**  
**MIAMI FL 33147**

Mailing Address  
~~4430 NW 173 DR.~~  
~~MIAMI FL 33055~~  
**8001 N.W. 22 AVE**  
**MIAMI FL 33147**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Zip

Country

Zip

Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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	<b>FSTD</b>	<input type="checkbox"/> Delete
NAME	<b>MCDUFFIE, LINDA</b>	
STREET ADDRESS	<b>2950 NW 171ST STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>CAMPBELL DEWAR, JOAN</b>	
STREET ADDRESS	<b>4420 NW 172ND DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DAWKINS, ANTHONY</b>	
STREET ADDRESS	<b>4430 NW 173RD DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>COLEBROOK, ARTHUR</b>	
STREET ADDRESS	<b>4220 NW 173RD DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUTTLER, JONNAN</b>	
STREET ADDRESS	<b>4430 NW 173RD DR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33055</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCPHEE, TENISHA</b>	
STREET ADDRESS	<b>7412 NW 22 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D Matthews Joe</b>	
STREET ADDRESS	<b>4430 N.W. 173 DR MIAMI, FL 33055</b>	
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 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: \_\_\_\_\_ DATE: **4-18-03** DAYTIME PHONE #: **(305) 696-3451**  
**(305) 962-3517**

CR2E037 (10/02)