

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90125 039 ****61.25

DOCUMENT # N98000006882

1. Entity Name

YOUTH IN ACTION OUTREACH PROGRAM, INC.



Principal Place of Business

13580 SW 252 STREET
PRINCETON 33032
US

Mailing Address

C/O MANUEL CRUZ
19655 SW 87TH PLACE
MIAMI FL 33157

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0880071

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

CRUZ, MANUEL
19655 S.W. 87TH PLACE
MIAMI FL 33157

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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 ☐ Delete
NAME CRUZ, MANUEL
STREET ADDRESS 19655 S.W. 87TH PLACE
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete
NAME CRUZ, MICHELLE M
STREET ADDRESS 9760 SW 211TH STREET
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Delete
NAME LOPEZ, ANTHONY R
STREET ADDRESS 14536 SW 161 PLACE
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete
NAME LOPEZ, SUZETTE M
STREET ADDRESS 14536 SW 161 PLACE
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete
NAME OVIDE, LOURDES
STREET ADDRESS 14275 S.W. 92ND ST.
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete
NAME CRUZ, MARIA
STREET ADDRESS 19655 S.W. 87TH PLACE
CITY-ST-ZIP MIAMI FL 33157

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-01-04

Date

305-255-2356

Daytime Phone #