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

May 17, 2004 8:00 am Secretary of State DOCUMENT # N98000006998 1. Entity Name 05-17-2004 90009 035 ****61.25 COMMUNITY YOUTH IN ACTION, INC. Principal Place of Business Mailing Address 137 NW 15TH CT. 137 NW 15TH CT. POMPANO BCH FL 33060 POMPANO BCH FL 33060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0960362 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANCES, CARTER 137 NW 15TH CT. Street Address (P.O. Box Number is Not Acceptable) POMPANO BCH FL 33060 City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Change TITLE ☐ Delete ☐ Addition CARTER, FRANCES NAME NAME 137, N.W. 15 CT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DERICO, MARTIN JR. NAME 6610 SW 18TH ST STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33068 CITY-ST-ZIP CITY-ST-7IP TVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ATKINS, BARBARA NAME NAME 3031 N.W. 6 CT STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33069 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DERICO, CHRISTINE NAME 6610 SW 18 ST STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33068 CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change [] Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED