

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

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

5/3

05-03-2004 91048 046 \*\*\*\*70.00

DOCUMENT # N99000004422

1. Entity Name

YES! WE CAN, INC.



Principal Place of Business

POST OFFICE BOX 1697  
BOCA RATON FL 33429

Mailing Address

POST OFFICE BOX 1697  
BOCA RATON FL 33429

bb44b344

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

65-0962806

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

AUSTIN, DELILAH  
1631 N.W. 24TH TERRACE  
FORT LAUDERDALE FL

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELANCY, MARSHA	
STREET ADDRESS	2390 N.W. 34TH ROAD	
CITY - ST - ZIP	COCONUT CREEK FL 33066	
TITLE	D Vice President	<input type="checkbox"/> Delete
NAME	ROBINSON, CONSTANTINA	
STREET ADDRESS	3374 N.W. 33RD AVENUE	
CITY - ST - ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D Parliamentary	<input type="checkbox"/> Delete
NAME	WALKER, DONNA M	
STREET ADDRESS	201 W. PALMETTO PARK ROAD	
CITY - ST - ZIP	BOCA RATON FL 33432	
TITLE	SED	<input type="checkbox"/> Delete
NAME	AUSTIN, DELILAH	
STREET ADDRESS	P. O. BOX 1697	
CITY - ST - ZIP	BOCA RATON FL 33429	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANNA, CYNTHIA	
STREET ADDRESS	4848 N.W. 8TH COURT	
CITY - ST - ZIP	PLANTATION FL 33311	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	HAZEL Goldstein	
STREET ADDRESS	12148 9th Andrew Pl C 206	
CITY - ST - ZIP	Miramar, FL 33025	

TITLE	Community Volunteer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRENE Palmer	
STREET ADDRESS	217 NE 15th Terrace	
CITY - ST - ZIP	Boca Raton FL 33432	
TITLE	Community Volunteer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rer Winston Hudson	
STREET ADDRESS	Cathedral of Hope Ministry	
CITY - ST - ZIP	Delray Beach, FL 33444	
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: Delilah Austin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2004 561 266-9234

Date Daytime Phone