

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000004783

**Entity Name:** OVERTOWN CHILDREN AND YOUTH COALITION, INC.

**Current Principal Place of Business:**

1951 NW 7TH AVE. SUITE 600  
MIAMI, FL 33136

**Current Mailing Address:**

1951 NW 7TH AVE. SUITE 600  
MIAMI, FL 33136 US

**FEI Number:** 47-2336342

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WOODS, GRAYLYN SWILLEY  
1951 NW 7TH AVE. SUITE 600  
MIAMI, FL 33136 US

*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.*

**SIGNATURE:** GRAYLYN SWILLEY- WOODS

04/13/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name NELSON, SALIHA  
Address 1000 NW 1ST AVENUE  
SUITE 100  
City-State-Zip: MIAMI FL 33136

Title VC  
Name BROWN, TINA  
Address 450 NW 14 ST  
City-State-Zip: MIAMI FL 33136

Title SECRETARY  
Name WILLIAMS, KEON  
Address 1951 NW 7TH AVE. SUITE 600  
City-State-Zip: MIAMI FL 33136

Title TREASURER  
Name JACOBSON, SONIA  
Address 1600 NW 3RD AVE. STE. 111  
City-State-Zip: MIAMI FL 33136

Title BOARD MEMBER  
Name PITTMAN, JASON  
Address 711 NW 6TH AVE  
City-State-Zip: MIAMI FL 33136

Title BOARD MEMBER  
Name WOODS, ALLANA  
Address 819 NW 2ND AVE. 3RD FLOOR  
City-State-Zip: MIAMI FL 33136

Title DIRECTOR  
Name WOODS, GRAYLYN SWILLEY  
Address 1951 NW 7TH AVE  
600  
City-State-Zip: MIAMI FL 33136

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GRAYLYN SWILLEY- WOODS

**DIRECTOR**

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date