

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90102 034 ****61.25

DOCUMENT # N96000002671

1. Entity Name

OUTREACH FOR YOUTH II, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1942
 LAKE CITY FL 32056
 US

P.O. BOX 1942
 LAKE CITY FL 32056
 US

2. Principal Place of Business

P.O. Box 1942
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1942
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE CITY FLA

City & State

LAKE CITY FLA

4. FEI Number

59-3262674

Applied For

Not Applicable

Zip

32056

Country

Columbia

Zip

32056

Country

Columbia

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

JERNIGAN, WAYNE
 1097 ANNIE MATTOX AVE.
 LAKE CITY FL 32055

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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE CD
 NAME JERNIGAN, WAYNE
 STREET ADDRESS 1097 ANNIE MATTOX AVE.
 CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

TITLE VCD
 NAME WILSON, CEASARION
 STREET ADDRESS RT 19 BOX 224
 CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

TITLE TD
 NAME JERNIGAN, DONALD
 STREET ADDRESS 707 1/2 FAIRVIEW STREET
 CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

TITLE S
 NAME JEFFERS, MCKINLEY
 STREET ADDRESS 1050 E. LEON STREET
 CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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 CITY-ST-ZIP

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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)(f), 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:

Wayne Jernigan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2

Date

386-758-5417

Daytime Phone #

CR2E037 (9/01)