

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006779

Entity Name: RISE ABOVE YOUTH CENTER OF EXCELLENCE, INC.

Current Principal Place of Business:

9700 RESERVE BOULEVARD
19
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

1819 SW NEWPORT ISLES BOULEVARD
PORT SAINT LUCIE, FL 34953 US

FEI Number: 27-3096303

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHATMAN, KHALILAH C
1819 SW NEWPORT ISLES BOULEVARD
PORT SAINT LUCIE, FL 34953 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CHATMAN, JAMES R
Address 1819 SW NEWPORT ISLES
 BOULEVARD
City-State-Zip: PORT SAINT LUCIE FL 34953

Title BOARD MEMBER
Name LESLEY, JOHN
Address 1833 SW ANGELICO LANE
City-State-Zip: PORT ST. LUCIE FL 34984

Title COO, BOARD MEMBER
Name CHATMAN, KHALILAH C
Address 1819 SW NEWPORT ISLES
 BOULEVARD
City-State-Zip: PORT SAINT LUCIE FL 34953

Title BOARD MEMBER
Name EATON, GREGORY
Address 5342 EADIE PLACE
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY
Name JAMES, PEDIEDRA R
Address 3300 RJ HENDLEY AVENUE
City-State-Zip: RIVIERA BEACH FL 33404

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: JAMES R. CHATMAN

PRESIDENT

02/24/2025

Electronic Signature of Signing Officer/Director Detail

Date