

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002540

**Entity Name:** YOU ARE MORE INC.**Current Principal Place of Business:**1805 16TH AVENUE EAST  
BRADENTON, FL 34208**Current Mailing Address:**P.O. BOX 5601  
SUN CITY CENTER, FL 33571-5601 US**FEI Number:** 47-3417213**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI, FL 33145 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	MILLER, AKILLA
Address	P.O. BOX 5601
City-State-Zip:	SUN CITY CENTER FL 33571-5601

Title	VP
Name	WALKER, ARIANE
Address	P.O. BOX 5601
City-State-Zip:	SUN CITY CENTER FL 33571-5601

Title	SECRETARY
Name	STRONG, JAVISHA
Address	P.O. BOX 5601
City-State-Zip:	SUN CITY CENTER FL 33571-5601

Title	OFFICER
Name	MILLER, BRIDGET
Address	P.O. BOX 5601
City-State-Zip:	SUN CITY CENTER FL 33571-5601

Title	TREASURER
Name	MILLER, LANIKA
Address	P.O. BOX 5601
City-State-Zip:	SUN CITY CENTER FL 33571-5601

Title	OFFICER
Name	WILSON, LANAYE
Address	P.O. BOX 5601
City-State-Zip:	SUN CITY CENTER FL 33571-5601

*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:** AKILLA MILLER**PRESIDENT****04/02/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date