

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000012100

**Entity Name:** A WRITE TO CHANGE YOUTH MOVEMENT INC.

**Current Principal Place of Business:**

5223 FLORAL BLUFF RD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5223 FLORAL BLUFF RD  
JACKSONVILLE, FL 32216 US

**FEI Number: 83-2576528**

**Certificate of Status Desired: No**

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

LUNDY, THIERRY R  
333 LAURINA ST APT.104  
JACKSONVILLE, FL 32216 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 P  
Name LUNDY, THIERRY R  
Address 333 LAURINA ST APT.104  
City-State-Zip: JACKSONVILLE FL 32216

Title S  
Name JOHNSON, EBONI  
Address 813 CHERRY POINT WAY  
City-State-Zip: JACKSONVILLE FL 32218

Title T  
Name MOISE, KARL  
Address 723 MORRISSEY DRIVE  
APT 10321  
City-State-Zip: ORANGE CITY FL 32763

Title EXECUTIVE DIRECTOR  
Name LUNDY, THIERRY R  
Address 333 LAURINA ST APT.104  
City-State-Zip: JACKSONVILLE FL 32216

Title PROGRAM DIRECTOR  
Name WHARWOOD, TARYN  
Address 3787 FREEMAN RD  
City-State-Zip: JACKSONVILLE FL 32207

Title PROGRAM DIRECTOR  
Name HARVEY, NICK  
Address 6874 BIDDY LANE  
City-State-Zip: JACKSONVILLE FL 32210

*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: THIERRY LUNDY**

**PRESIDENT**

**04/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date