

**2021 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	T
Name	MOISE, KARL
Address	723 MORRISSEY DRIVE APT 10321
City-State-Zip:	ORANGE CITY FL 32763

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

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

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

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****02/07/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date