

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 08, 2019**

**Secretary of State**

**6406467295CC**

DOCUMENT# N98000002496

**Entity Name:** URBAN YOUTH IMPACT, INC.

**Current Principal Place of Business:**

2823 N. AUSTRALIAN AVE  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

PO BOX 222592  
WEST PALM BEACH, FL 33422-2592

**FEI Number: 91-1901103**

**Certificate of Status Desired: Yes**

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

HOBBS, WILLIAM T  
4452 NORTH SAN ANDROS  
ROYAL PALM BEACH, FL 33411 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: WILLIAM T HOBBS**

**01/08/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOBBS, WILLIAM  
Address        4452 NORTH SAN ANDROS  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title            TREASURER  
Name            MILLER, TIM  
Address        126 VIA SANTA CRUZ  
City-State-Zip: JUPITER FL 33458

Title            SECRETARY  
Name            PORTER, RICHARD  
Address        4880 SW SENSATION STREET  
City-State-Zip: PALM CITY FL 34990

Title            CO-CHAIRMAN  
Name            MCPHERSON, BRIAN  
Address        10287 HUNT CLUB LANE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title            BOARD MEMBER  
Name            HALE, JUANITA  
Address        427 SILVER BEACH RD  
City-State-Zip: LAKE PARK FL 33403

Title            CO-CHAIRMAN  
Name            MORRIS, ROB  
Address        2233 SW GOLDEN BEAR WAY  
City-State-Zip: PALM BEACH FL 34990

Title            BOARD MEMBER  
Name            MORRISON, JOE  
Address        205 ANHINGA LANE  
City-State-Zip: JUPITER FL 33458

Title            BOARD MEMBER  
Name            FREEMAN, JAMIE  
Address        3752 ISLES VISTA BLVD  
City-State-Zip: WELLINGTON FL 33449

**Continues on page 2**

*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: WILLIAM HOBBS**

**PRESIDENT**

**01/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD MEMBER  
Name CORNELL, ANDREW  
Address 8750 NORTH ELIZABETH AVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title BOARD MEMBER  
Name RABENECKER, ROB  
Address 667 ATLANTIC ROAD  
City-State-Zip: NORTH PALM BEACH FL 33408