2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90123 011 ****61.25

DOCUMENT # F01000000622

1. Entity Name
J.A.M. YOUTH CONNECTION, INC.

Principal Place of Business	Mailing Address
2507 SHERIDAN ST., #118 HOLLYWOOD, FL 33020	2507 SHERIDAN ST., #118 HOLLYWOOD, FL 33020

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3661 w. Oakland Park Blvd	
Suite, Apt. #, etc. Suite # 204	Suite, Apt. #, etc.
City & State Lauderdale Lakes	City & State
Zip 33311	Zip
Country	Country

4. FEI Number
65-0714675
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DENISE 2507 SHERIDAN ST,. #118 HOLLYWOOD, FL 33020	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eleanor Denise Smith 6/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	Smith, DENISE, ELEANOR	☐ Change ☐ Addition
NAME	SMITH, DENISE		NAME		
STREET ADDRESS	4314 NW 9TH AVE #3F		STREET ADDRESS	2507 SHERIDAN ST # 118	
CITY-ST-ZIP	POMPANO BEACH, FL		CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	V	☒ Delete	TITLE	V	☑ Change ☐ Addition
NAME	HOLIDAY, SHAMIEL		NAME	Williams Alec	
STREET ADDRESS	945 CREST MARK BLVD		STREET ADDRESS	5815 WOODLANDS BLVD	
CITY-ST-ZIP	LITHIA SPRINGS, GA		CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	S	☑ Delete	TITLE	S	☑ Change ☐ Addition
NAME	LEWIS, SHAUNTE		NAME	Holiday Shamiel	
STREET ADDRESS	311 WATER FORD PKWY		STREET ADDRESS	4813 SW 41ST	
CITY-ST-ZIP	LITHIA SPRINGS, GA		CITY-ST-ZIP	Pembroke Park, FL 33024	
TITLE	T	☑ Delete	TITLE	T	☑ Change ☐ Addition
NAME	HOLMES, DENNIS		NAME	Lewis Shaunte	
STREET ADDRESS	1195 WOODLAND AVE., #B3		STREET ADDRESS	751 N Indian Creek Dr # 508	
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP	Clarkston, GA. 30021	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eleanor D. Smith 6/3/07 (954) 766-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #