

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

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90095 032 \*\*\*\*61.25

**DOCUMENT # F01000006153**



1. Entity Name  
**ENCUENTRO YOUTH MISSION, INC.**

Principal Place of Business

**1661 EGRET RD.  
HOMESTEAD FL 33035**

Mailing Address

**1661 EGRET RD.  
HOMESTEAD FL 33035**

2. Principal Place of Business

**1777 VENICE LN #136**

3. Mailing Address

**1777 VENICE LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**# 161**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33181**

Country

**USA**

Zip

Country

**USA**

4. FEI Number **33-0745332**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BOLTON, ROBERT L.  
1661 EGRET RD.  
HOMESTEAD FL 33035**

7. Name and Address of New Registered Agent

Name **RAOUL ARMBRISTER**

Street Address (P.O. Box Number is Not Acceptable)

**1777 VENICE LANE #136**

City **MIAMI**

**FL**

Zip Code  
**33181**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent 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

TITLE **CT** ☐ Delete  
NAME **UNDERWOOD, DAVID**  
STREET ADDRESS **29790 BLUE HERON COURT**  
CITY-ST-ZIP **CANYON LAKE CA 92587**

TITLE **VCP** ☐ Delete  
NAME **BOLTON, BOBBY**  
STREET ADDRESS **3108 N. TIMBER**  
CITY-ST-ZIP **BETHANY OK-73008**

TITLE **D** ☐ Delete  
NAME **BURCH, BILL**  
STREET ADDRESS **1988 E. LOS ARBOLES**  
CITY-ST-ZIP **TEMPE AZ 85284**

TITLE **DS** ☐ Delete  
NAME **MADDOX, DAN**  
STREET ADDRESS **10552 EIDER COVE**  
CITY-ST-ZIP **COLLIERVILLE TN 38017**

TITLE **S** ☐ Delete  
NAME **BOLTON, THELMA**  
STREET ADDRESS **1661 EGRET RD**  
CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED** **DAVID UNDERWOOD**

**3/8/03**

**6585735361**

CR2E037 (10/02)