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Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000004440 (0)**

1. Corporation Name

**NATIONAL URBAN FELLOWS, INC.**

Principal Place of Business

**55 WEST 44TH ST STE 600  
NEW YORK NY 10036**

Mailing Address

**55 WEST 44TH ST STE 600  
NEW YORK NY 10036**



3. Date Incorporated or Qualified

**08/22/1997**

4. FEI Number

**23-7404350**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE  
NAME **BURTS, EZUNIAL**  
STREET ADDRESS **350 SO BIXEL ST**  
CITY-ST-ZIP **LOS ANGELES CA 90051-1696**

TITLE **V** ☐ DELETE  
NAME **LEE, MARY WONG**  
STREET ADDRESS **1403 PASEO MARAVILLA**  
CITY-ST-ZIP **SAN DIMAS CA 91773**

TITLE **D** ☐ DELETE  
NAME **LOGUE, FRANK**  
STREET ADDRESS **173 LIVINGSTON ST**  
CITY-ST-ZIP **NEW HAVEN CT 06511**

TITLE **D** ☐ DELETE  
NAME **TEDESCO, TED**  
STREET ADDRESS **1217A SALSIPUEDES AVE**  
CITY-ST-ZIP **SANTA BARBARA CA 93103**

TITLE **P** ☐ DELETE  
NAME **ALVAREZ, LUIS**  
STREET ADDRESS **55 WEST 44TH ST STE 600**  
CITY-ST-ZIP **NEW YORK NY 10036**

TITLE **S** ☐ DELETE  
NAME **ECHESTEVE, ADOLFO**  
STREET ADDRESS **PO BOX 24152**  
CITY-ST-ZIP **TEMPE AZ 85285**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SICKING OFFICER OR DIRECTOR

*1/20/98*

Date

*2-12-921-9400*

Daytime Phone #

CR2E037 (10/97)