

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90296 048 ****61.25

DOCUMENT # N00000002374

1. Entity Name
YOUNG LION'S YOUTH ORGANIZATION, INC.



Principal Place of Business
3612 E. MCBERRY ST.
TAMPA, FL 33610

Mailing Address
3612 E. MCBERRY ST.
TAMPA, FL 33610

94048903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3470021

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BRYANT, DEXTER SR.
3612 E. MCBERRY ST.
TAMPA, FL 33610

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D BRYANT, DEXTER SR.
3612 E. MCBERRY ST.
TAMPA, FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D BRYANT, CHRISTINE
3612 E. MCBERRY ST.
TAMPA, FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SMITH, TAMARA
5711 TROY CT. #1-107
TAMPA, FL 33610 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D CHAPMAN, BEN
7802 GARRISON ST.
TAMPA, FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-04 813 237-3807