2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2002 8:00 am Secretary of State DOCUMENT # N0000002891 1. Entity Name 04-23-2002 90402 040 ****61.25 COMMUNITY OUTREACH RESIDENCE FOR YOUTH, INC. Principal Place of Business Mailing Address 531 JUPITER BLVD. 531 JUPITER BLVD. PALM BAY FL 32907 PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3649298 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TYLER, JAMES 531 JUPITER BLVD PALM BAY FL 32907 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TYLER, JAMES NAME STREET ADDRESS 531 JUPITER BLVD STREET ADDRESS CITY-ST-ZIF PALM BAY FL 32907 CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Change Addition NAME TYLER, GENEVA STREET ADDRESS 531 JUPITER BLVD STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP TITLE D-----'Delete TITLE ☐ Change Addition NAME POWELL, CHANDRA NAME STREET ADDRESS 1012 ALBION STREET STREET ADDRESS CITY-ST-7IP PALM BAY FL 32907 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME Tyler. Marcus NAME STREET ADDRESS 531 JUPITER BLVD STREET ADDRESS CITY-ST-ZIP PALM BAY FL 32907 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition