

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 APR 20 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000005095

1. Entity Name
Y.E.S. OPPORTUNITIES, INC.



Principal Place of Business
13889 DEL WELL BLVD
SPRUCE CREEK COUNTY CLUB
SUMMERFIELD, FL 34491

Mailing Address
13889 DEL WELL BLVD
SPRUCE CREEK COUNTY CLUB
SUMMERFIELD, FL 34491



04072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3656796
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL C NORVELL, ATTORNEY AT LAW
1410 EMERSON STREET
LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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

Dorothy Rice Cobbs

Dorothy Rice Cobbs

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RICE-COBBS, DOROTHY
STREET ADDRESS	13889 DEL WEBB BLVD
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VSD
NAME	JEFFERSON, MARY
STREET ADDRESS	9524 MIDLAND TURN
CITY-ST-ZIP	UPPER MARLBORO, MD 20772
TITLE	VD
NAME	PAYNE, MARY
STREET ADDRESS	8 EAST ALEXANDRIA OVERLOOK
CITY-ST-ZIP	OXON HILL, MD 20745
TITLE	VCBO
NAME	HOLMES, PATRICIA ANNE
STREET ADDRESS	4405 N INDIANHEAD RD
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300033229863
04/21/04--01015--006 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Dorothy Rice Cobbs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

Date

866-2977272

Daytime Phone #

2