9/13/01-90045-014-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007073

1. Entity Name

YOUTH MULTI-CULTURAL EDUCATIONAL/RECREATIONAL CE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -5 AM 11:43

Principal Place of Business	Mailing Address
1699 SE INDIAN ST STUART FL 34997	1699 SE INDIAN ST STUART FL 34997

2. Principal Place of Business	3. Mailing Address
1699 Indian St	P.O Box 1192
Suite, Apt. #, etc.	Suite, Apt. #, etc. Hobe Sound
City & State STUART FLA	City & State Fla
Zip 34997 Country USA	Zip 33475 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1035769 (65 1035769) ☐ Applied For ☐ Not Applicable

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
GREENE, BRENDA 1699 SE INDIAN ST STUART FL 34997	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.

SIGNATURE Brenda Greene Brenda Greene 9-7-01
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
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD SMITH, DEANNA R 5693 SE WINDSONG LN STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rev Leonard A. Smith 5963 SE windsong ln #916 Stuart Fla 34997	☑ Change ☑ Addition Vice President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENE, BRENDA 1699 SE INDIAN ST STUART FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ramone Preston 5963 SE Windsong ln #916 Stuart Fla 34997	☐ Change ☑ Addition Treasure
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCHARDY, SAMUEL 829 NASSAU AVE STUART FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Beatrice Smith 10221 SE Williams Dr Hobe Sound, Fla. 33455	☐ Change ☑ Addition Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, BELINDA 5632 SE RIVERBOAT DR STUART FL 34994	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 REQUIRED Deanna R Smith 9/22/01 221-3504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/01)