

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90001 036 \*\*\*\*61.25

DOCUMENT # N00000007251

1. Entity Name  
TOMMOROWS GENERATIONAL YOUTH RANCH  
MINISTRIES, INCORPORATED



Principal Place of Business  
PO BOX 1032  
FORT LAUDERDALE, FL 33302

Mailing Address  
PO BOX 1032  
FORT LAUDERDALE, FL 33302

04007114



08022004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1053479	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

8. Name and Address of Current Registered Agent

WILLIAMS, ALISA  
1321 S.W. 10TH AVE.  
DEERFIELD BEACH, FL 33441

**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

*Alisa Williams*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/2/04

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME THOMPSON, YVONNE  
STREET ADDRESS 1321 S.W. 10TH AVE.  
CITY- ST- ZIP DEERFIELD BEACH, FL 33441

TITLE D  
NAME WHITE, TONY  
STREET ADDRESS 5811 KINGFISH DR.  
CITY- ST- ZIP LUTZ, FL

TITLE D  
NAME REED, CHRISTOPHER  
STREET ADDRESS 543 WEST ELM ST.  
CITY- ST- ZIP LIMA, OH 45801

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**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:

*Alisa Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/04 (954) 791-7222

Date

Daytime Phone #