2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000007251

1. Entity Name

## TOMMOROW'S GENERATIONAL YOUTH RANCH MINISTRIES, INCORPORATED



3

## FILED Sep 02, 2003 8:00 am Secretary of State

09-02-2003 90183 048 \*\*\*\*69.25

INCORPO	RATED						55/						
Principal Plac	e of Busines	s		Address		`							
PO BOX 1032 FORT LAUDERDALE FL 33302 FORT LAUDER					302	<u> </u>	وتجت	reculate 140		<del></del>	<u> </u>		
		·											
2. Principal P	Place of Busin	3. Mailing Address				-     <b>                                 </b>	IIF <b>ab</b> iri <b>eb</b> iif <b>ab</b> iii						
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						CHECK HERE	IF MAKING	CHANGES		
City & Stat	e	· · · · · · · · · · · · · · · · · · ·	City & State					4. FEI Number 6!	5-1053479	053479 Appl		pplied For ot Applicable	7
Zip Gountry			Zìp			Country		5. Certificate of Status Desired 58.75 Additional Fee Required					1
	6. Name	and Address of Current	Registere	d Agent				7. Name and Add	ress of New R	egistered .			1
						Name							1
WILLIAMS 1321 S.W	s, alisa 7. 10th avi					Street Address (P.O. Box Number is Not Acceptable)							
DEERFIEL	LD BEACH	FL 33441						•	•	•	* * * * * * * * * * * * * * * * * * * *		İ
						City	,	<del></del> i.		FL	Zip Cod	e	1
	named entity tions of regist	y submits this statement fo ered agent.	or the purpo	ose of changing its	register	red office or re	gister	ed agent, or both, in	the State of Flo	orida. I am	familiar with,	and accept	
	Signature, typed	or printed name of registered agent	and title if appli	cable. (NOT	E: Register	ed Agent signature n	equired	when reinstating)		DATE			
FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  9. Election Camp. Trust Fund Con						tion.		\$5.00 May Be Added to Fees	Florid	la Depar	c Payable tment of S	State.	
10.	T	OFFICERS AND DI	RECTORS		11.	1	<i>P</i>	ADDITIONS/CHANG	ES TO OFFICE	RS AND DI			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1321 S.W.	n, yvonne 10th ave ) beach fl 33441		☐ Delete		- 1				·	☐ Change	☐ Addition	SE037 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, TO 5611 KING LUTZ FL	DNY		☐ Delete							☐ Change	Addition	9
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D		-	☐ Delete			_				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I			-		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							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 all other like empowered.

**SIGNATURE:** 

SCHLOQURE AUCHBED

8/27/03