

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

DOCUMENT # N01000001547 1. Entity Name STANLEY L. JOHNSON YOUNG FATHERS YOUNG MEN ORGANIZATION INC.						<div style="border: 1px solid black; padding: 5px; display: inline-block;"> FILED 03 JUN 27 PM 2:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 2771-29 MONUMENT RD., #195 JACKSONVILLE, FL 32225				Mailing Address 2771-29 MONUMENT RD., #195 JACKSONVILLE, FL 32225			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, STANLEY 2771-29 MONUMENT RD., #195 JACKSONVILLE, FL 32225				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
B. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>							
FILE NOW FEE IS \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State				Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOHNSON, STANLEY 1592 COOL RAIN CT. JACKSONVILLE, FL 32225 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, STANLEY 1592 COOL RAIN CT. JACKSONVILLE, FL 32225 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Melvin Marshall 829 Tammy Cove Ln Jacksonville FL 32218 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PAIGE, RODNEY 4618 FOREST GROVE CT. JACKSONVILLE, FL 32224 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee GAIL ROBINSON-ANTONIA 7427 ROSLYN RD JACKSONVILLE FL 32244 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, WILLIE 360 MARTIN LUTHER KING JR. DR. BALDWIN, FL 32234 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delphia Andrews Treasurer 6839 PROVEST RD JACKSONVILLE, FL 32216 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Willie Johnson 360 Martin Luther King Jr. Dr. Baldwin, FL 32234 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>		
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: <i>Stanley L. Johnson</i> 6/27/03 904-631-7884 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

CR2E037 (10/02)