

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

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90106 030 ****61.25

DOCUMENT # NO1000004901

1. Entity Name

MENTORING & MOTIVATING YOUTH OF AMERICA, INC.



Principal Place of Business

**475 FRIENDSHIP DR.
ORLANDO FL 32835-4470**

Mailing Address

**475 FRIENDSHIP DR.
ORLANDO FL 32835-4470**

2. Principal Place of Business

475 Friendship Dr.
Suite, Apt. #, etc.

3. Mailing Address

475 Friendship Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, Florida

Zip
32835

Country
U.S.A.

City & State
Orlando, Florida

Zip
32835

Country
U.S.A.

4. FEI Number **59-3751040**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, STAN B
475 FRIENDSHIP DR.
ORLANDO FL 32835-4470**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MORRIS, STAN B**
STREET ADDRESS **475 FRIENDSHIP DR.**
CITY-ST-ZIP **ORLANDO FL 32835-4470**

TITLE **D** ☐ Delete
NAME **WADE, BRUCE H**
STREET ADDRESS **1048 FRIENDSHIP DR.**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete
NAME **HARRIS, CASSANDRA**
STREET ADDRESS **475 FRIENDSHIP DR.**
CITY-ST-ZIP **ORLANDO FL 32835-4470**

TITLE **D** ☐ Delete
NAME **LEWIS, MIKE**
STREET ADDRESS **7121 HARBOR HEIGHTS CIR.**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete
NAME **YOUNG, NED**
STREET ADDRESS **4062 SHANNON BROWN DR.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Wade, Bruce H.**
STREET ADDRESS **1048 Pompano Drive**
CITY-ST-ZIP **Rockledge, Florida 32955**

TITLE ☒ Change ☐ Addition
NAME **DMorris, Cassandra**
STREET ADDRESS **475 Friendship Drive**
CITY-ST-ZIP **Orlando, Florida 32835**

TITLE ☒ Change ☐ Addition
NAME **Lewis, Mike**
STREET ADDRESS **8319 Lipie Lane**
CITY-ST-ZIP **Orlando, Florida 32818**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without the authority empowered.

SIGNATURE: **SIGNATURE REQUIRED**

8/18/03

(407) 578-2993

CR2E037 (10/02)