

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005176

FILED  
May 08, 2002 8:00 AM  
Secretary of State

**Entity Name:** JUSTICE FOR YOUTH MINISTRIES OF AMERICA INC.

**Current Principal Place of Business:**

2709 NW 200 TERR  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

2709 NW 200 TERR  
MIAMI, FL 33056

**New Mailing Address:**

**FEI Number:** 65-1126389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILCOX, FELICIA  
2709 NW 200 TERR  
MIAMI, FL 33056

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JOHNSON, ESTHER  
Address: 2264 SW 182ND WAY  
City-St-Zip: MIRAMAR, FL 33029

Title: D ( ) Delete  
Name: WILCOX, FELICIA  
Address: 2709 NW 200 TERR  
City-St-Zip: MIAMI, FL 33056

Title: D ( ) Delete  
Name: BRADWELL, CONNIE  
Address: 1611 NW 57TH ST  
City-St-Zip: MIAMI, FL 33142

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WILCOX, FELICIA  
Address: 2709 NW 200 TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: D (X) Change ( ) Addition  
Name: JOHNSON, ESTHER  
Address: 2264 SW 182 WAY  
City-St-Zip: MIRIMAR, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SABRINA, BUTLER  
Address: 15730 NW 27 PLACE  
City-St-Zip: MIAMI, FL 33054

Title: M ( ) Change (X) Addition  
Name: CAROLYN, CORNELIUS  
Address: 444 NW 110 STREET  
City-St-Zip: MIAMI, FL 33168

Title: S ( ) Change (X) Addition  
Name: STEPHANIE, WANZA  
Address: 5960 NW 186 STREET, APT 204  
City-St-Zip: MIAMI LAKES, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA WILCOX

D

05/08/2002

Electronic Signature of Signing Officer or Director

Date