

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90130 043 \*\*\*\*61.25

0077886

**DOCUMENT # NO1000006494**

1. Entity Name

**YOU ARE NOT ALONE, INC.**



Principal Place of Business

**P.O. BOX 970127  
COCONUT CREEK FL 33097**

Mailing Address

**P.O. BOX 970127  
COCONUT CREEK FL 33097**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1157938**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PORTCH, JOHN W  
9153 SW 1 PL  
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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:

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 NAME	<b>D</b> <b>PORTCH, JOHN W</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9153 SW 1 PL</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33428</b>	
TITLE NAME	<b>D</b> <b>PORTCH, PAULA J</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>9153 SW 1 PL</b>	
CITY - ST - ZIP	<b>BOCA RATON FL 33428</b>	
TITLE NAME	<b>D</b> <b>PORTCH, ROBERT</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>502 LINCOLN CT</b>	
CITY - ST - ZIP	<b>DEERFIELD BCH FL 33442</b>	
TITLE NAME	<b>D</b> <b>PORTCH, VICKIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>502 LINCOLN CT</b>	
CITY - ST - ZIP	<b>DEERFIELD BCH FL 33442</b>	
TITLE NAME	<b>D</b> <b>WALL, JOHN C</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>631 SW 6 ST LS 903</b>	
CITY - ST - ZIP	<b>POMPANO BCH FL 33060</b>	
TITLE NAME	<b>D</b> <b>WALL, ANNA M</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>631 SW 6 ST LS 903</b>	
CITY - ST - ZIP	<b>POMPANO BCH FL 33060</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *Paula Portch* **PAULA PORTCH**

*4/28/03* **561-721-1281**

CR2E037 (10/02)