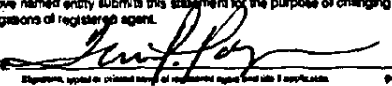


FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 91328 027 *****61.25

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

DOCUMENT # N02000000456			
1. Entity Name OUR YOUTH PROGRAMS OF SOUTH FLORIDA, INC.			
Principal Place of Business 6032 N W 8TH AVENUE MIAMI, FL 33127		Mailing Address 6032 N W 8TH AVENUE MIAMI, FL 33127	
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 80-003N00		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAGE, TERRI P 6032 N W 8TH AVENUE MIAMI, FL 33127		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  DATE			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of Revenue	
10. OFFICERS AND DIRECTORS			
TITLE	D PAGE, TERRI P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PAGE, TERRI P	NAME	
STREET ADDRESS	6032 N W 8TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33127	CITY-ST-ZIP	
TITLE	D HORTON, WANDA ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HORTON, WANDA	NAME	
STREET ADDRESS	7862 N W 189TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33066	CITY-ST-ZIP	
TITLE	D FERGUSON, THELMA ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FERGUSON, THELMA	NAME	
STREET ADDRESS	7862 N W 189TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33066	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 authority empowered.			
SIGNATURE: 		4/21/03 786-344-3940	
SECRETARY, AND TYPE OR PRINT NAME OF REGISTERED OFFICER OR DIRECTOR		Due	