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Apr 18, 2003 8:00 am
Secretary of State
04-02-2003 90121 004 ****70.00

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

55027238

DOCUMENT # N02000001601

1. Entity Name

PROJECT S.O.C.K. YOUTH FOUNDATION, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 8802 Ivy Mill Place North		Suite, Apt. #, etc. 8802 Ivy Mill Place North	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32244	Country Duval	Zip 32244	Country Duval

4. FEI Number 61-1403316 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Mills, Genell M.

Street Address (P.O. Box Number is Not Acceptable): 8802 Ivy Mill Place North

City: Jacksonville FL Zip Code: 32244

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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 P NAME P/C - Mills, Genell D STREET ADDRESS 8802 Ivy Mill Place North CITY-ST-ZIP Jacksonville, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V NAME V/T - Mills, Gary Sr. D STREET ADDRESS 8802 Ivy Mill Place North CITY-ST-ZIP Jacksonville, FL 32244		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S NAME S - Johnson, Curtis D STREET ADDRESS 7176 Matthew Street CITY-ST-ZIP Jacksonville, FL 32210		TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Genell M. Mills Genell M. Mills 3/24/03 (904)573-1679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #