

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003345

1. Entity Name

FERGUSON YOUTH FOUNDATION INC.



Principal Place of Business

20613 N.W. 44TH PLACE
OPA-LOCKA FL 33055

Mailing Address

20613 N.W. 44TH PLACE
OPA-LOCKA FL 33055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0601856

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGUSON, ROMER JR.
20613 N.W. 44TH PLACE
OPA-LOCKA FL 33055

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
Due By May 1, 2004

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 | FERGUSON, ROMER JR. | <input type="checkbox"/> Delete |
| STREET ADDRESS | 20613 N.W. 44TH PLACE | |
| CITY - ST - ZIP | OPA-LOCKA FL 33055 | |
| TITLE NAME | FERGUSON, HAZEL | <input type="checkbox"/> Delete |
| STREET ADDRESS | 20613 N.W. 44TH PLACE | |
| CITY - ST - ZIP | OPA-LOCKA FL 33055 | |
| TITLE NAME | FERGUSON, LATONYA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 20613 N.W. 44TH PLACE | |
| CITY - ST - ZIP | OPA-LOCKA FL 33055 | |
| TITLE NAME | FERGUSON, ROMER III | <input type="checkbox"/> Delete |
| STREET ADDRESS | 20613 N.W. 44TH PLACE | |
| CITY - ST - ZIP | OPA-LOCKA FL 33055 | |
| TITLE NAME | SMITH, JOCELYN | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1265 S.W. 101ST TERR., #211 | |
| CITY - ST - ZIP | PEMBROKE PINES FL 33025 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|--------------------------|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | U00000042401 | |
| CITY - ST - ZIP | 02/10/04-80022-021 61.25 | |
| 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:

Romer Ferguson Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

305 620-4218
Daytime Phone #