

FILED

Jul 17, 2003 8:00 am  
Secretary of State

05-09-2003 90157 003 \*\*\*\*61.25

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

DOCUMENT # N02000004388

1. Entity Name

THE JOURNEY TO WORK INSTITUTE, INC.



Principal Place of Business

7405 QUAIL MEADOW ROAD--  
PLANT CITY FL 33565

Mailing Address

7405 QUAIL MEADOW ROAD  
PLANT CITY FL 33565

55051470

2. Principal Place of Business

5433 Winhawk Way

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 341754

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City &amp; State

Lutz, FL

City &amp; State

Tampa, FL

4. FEI Number

74-3071375

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAREFIELD, ERNEST G  
7405 QUAIL MEADOW ROAD  
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

Name

Elizabeth A. Corey

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

5433 Winhawk Way

City

Lutz

FL

Zip Code

33558

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 resigning)

4-29-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP          | Delete                              |
|-------|------------------|-----------------------|----------------------|-------------------------------------|
|       | Ernest Barefield | 7405 Quail Meadow Rd. | Plant City, FL 33565 | <input checked="" type="checkbox"/> |

| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP          | Delete                   |
|-------|------------------|-----------------------|----------------------|--------------------------|
| D     | Ernest Barefield | 7405 Quail Meadow Rd. | Plant City, FL 33565 | <input type="checkbox"/> |

| TITLE | NAME                        | STREET ADDRESS                   | CITY-ST-ZIP                     | Delete                              |
|-------|-----------------------------|----------------------------------|---------------------------------|-------------------------------------|
| D     | <del>Ernest Barefield</del> | <del>7405 Quail Meadow Rd.</del> | <del>Plant City, FL 33565</del> | <input checked="" type="checkbox"/> |

| TITLE | NAME            | STREET ADDRESS   | CITY-ST-ZIP   | Delete                   |
|-------|-----------------|------------------|---------------|--------------------------|
| D     | Elizabeth Corey | 5433 Winhawk Way | Lutz FL 33558 | <input type="checkbox"/> |

| TITLE | NAME          | STREET ADDRESS        | CITY-ST-ZIP    | Delete                   |
|-------|---------------|-----------------------|----------------|--------------------------|
| D     | Lauren Lawson | 11605 Greensleepe Ave | Tampa FL 33626 | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete                   |
|-------|------|----------------|-------------|--------------------------|
|       |      |                |             | <input type="checkbox"/> |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 813-269-0007

Date

Daytime Phone #

CR2037 (10/02)