

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

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90041 011 \*\*\*\*70.00

**DOCUMENT # N02000004548**

1. Entity Name

**YOUNG LADIES OF DIGNITY, INC.**



Principal Place of Business

1142 E MOWRY DR  
APT 202  
HOMESTEAD FL 33030

Mailing Address

P. O. BOX 900773  
HOMESTEAD FL 33090-0773

**54034940**



MOORE CR2E037 (11/03)

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

**46-0486816**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLADNEY, NATASHA  
~~1441 NE 9TH ST.~~  
HOMESTEAD FL 33030

**1426 E. Mowry DR.  
#208**

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

*Natasha Gladney*  
*Natasha Gladney*

**4-12-2004**

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	PD	<input type="checkbox"/> Delete
NAME	MACK, SUZANNE C	
STREET ADDRESS	1142 E. MOWRY DR., #202	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BLAKE, SYLVIA	
STREET ADDRESS	24601 SOUTH WEST 297TH ST.	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACK, WANDA V	
STREET ADDRESS	769 SOUTH WEST 7TH TER.	
CITY-ST-ZIP	FLORIDA CITY FL 33034	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GLADNEY, NATASHA	
STREET ADDRESS	<del>1441 NE 9TH ST.</del> <b>1426 E. Mowry DR. #208</b>	<b>Change Address only</b>
CITY-ST-ZIP	HOMESTEAD FL 33033	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRIDGES, CYNTHIA	
STREET ADDRESS	810 E. MOWRY DR., #503	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ADVISOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD BROWN SR.	
STREET ADDRESS	10810 S.W. 143 TERR.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	ADVISOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUDY K. IUIE	
STREET ADDRESS	15247 S.W. 138 TERR.	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADNEY, NATASHA	
STREET ADDRESS	<b>1426 E. Mowry DR. #208</b>	
CITY-ST-ZIP	<b>HOMESTEAD, FL 33030</b>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, CYNTHIA	
STREET ADDRESS	<b>810 E. Mowry DR. #503</b>	
CITY-ST-ZIP	<b>HOMESTEAD, FL 33030</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Suzanne C. Mack*  
**SUZANNE C. MACK**

**04-12-04**

**305-242-1127**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #