

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90445 047 ****70.00

DOCUMENT # N02000004548

1. Entity Name

YOUNG LADIES OF DIGNITY, INC.



Principal Place of Business

Mailing Address

~~1142 E. MOWRY DR.~~ 15370 S.W. 284th Street
APT 150
HOMESTEAD FL 33033

P. O. BOX 900773
HOMESTEAD FL 33090-0773

2. Principal Place of Business

15370 S.W. 284th St.
Suite, Apt. #, etc. 150

3. Mailing Address

P.O. Box 900773
Suite, Apt. #, etc.

City & State

Homestead, FL

33033

Country USA

City & State

Homestead, FL

33090

Country USA

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

GLADNEY, NATASHA

HOMESTEAD FL 33030

1542 NE 8th St
#204

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

Natasha Gladney

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, 2005

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 15370 S.W. 284 th Street	
CITY-ST-ZIP	HOMESTEAD FL 33033 Apt. 150	
TITLE	A	<input type="checkbox"/> Delete
NAME	BROWN, EDWARD SR.	
STREET ADDRESS	10810 SW 143 TERR.	
CITY-ST-ZIP	MIAMI FL 33176	
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 type="checkbox"/> Delete
NAME	GLADNEY, NATASHA	
STREET ADDRESS	1426 E MOWRY DR., #208	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input 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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15370 S.W. 284 th Street	
STREET ADDRESS	Apt. 150 Hmstd. FL 33033	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOYANIKA WILLIAMS	
STREET ADDRESS	269 S.W. 7 th TER	
CITY-ST-ZIP	FLA. CITY, FL 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Natasha Gladney	
STREET ADDRESS	1542 NE 8 th St #204	
CITY-ST-ZIP	Homestead, FL 33033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

04-25-05

305-242-2259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #