

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90387 043 ****61.25

DOCUMENT # N02000004548

1. Entity Name

YOUNG LADIES OF DIGNITY, INC.



Principal Place of Business

Mailing Address

15370 SW 284TH STREET
SUITE 150
HOMESTEAD FL 33033

P.O. BOX 900773
HOMESTEAD FL 33090

40086435



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

46-0486816

Applied For

Not Applicable

Zip

Country

Zip

Country

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
1542 NE 8TH STREET
SUITE 204
HOMESTEAD FL 33030**

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, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MACK, SUZANNE C
STREET ADDRESS 15370 SW 284TH STREET, APT. 150
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE A ☐ Delete
NAME BROWN, EDWARD SR.
STREET ADDRESS 10810 SW 143 TERR.
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME MACK, WANDA V
STREET ADDRESS 769 SOUTH WEST 7TH TER.
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME GLADNEY, NATASHA
STREET ADDRESS 1542 NE 8TH STREET, SUITE 224
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME BRIDGES, CYNTHIA
STREET ADDRESS 810 E MOWRY DR., #503
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☒ Change ☐ Addition
NAME **VD BRIDGES, Cynthia**
STREET ADDRESS **P.O. Box 901888**
CITY-ST-ZIP **HOMESTEAD, FL 33090**

TITLE SD ☐ Delete
NAME WILLIAMS, TOYANIKA
STREET ADDRESS 769 SW 7TH TERRACE
CITY-ST-ZIP FLORIDA CITY FL 33034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 07 305-242-2259
Date Daytime Phone #