

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

FILED
Aug 22, 2003 8:00 am
Secretary of State

07-24-2003 90110 030 ****61.25

DOCUMENT # N02000005692

1. Entity Name

CHANGING LIVES...CHANGING THE WORLD, INC.



Principal Place of Business

**1335 NORTHWEST 130TH STREET
NORTH MIAMI FL 33167**

Mailing Address

**POST OFFICE BOX 530733
MIAMI SHORES FL 33153**

55054776



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0444223

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

**CLAYTON, CHERYL L
61 NORTHWEST 47TH STREET
MIAMI FL 33127**

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
After September 10, 2003, min will be \$236.25**

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	<input type="checkbox"/> Delete
NAME	CLAYTON, FRANKIE B	
STREET ADDRESS	1335 NORTHWEST 130TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33167	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KING, SARA T	
STREET ADDRESS	1335 NORTHWEST 130TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33167	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOFTON, JAMES W III	
STREET ADDRESS	1335 NORTHWEST 130TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33167	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORRIS, CARMEN	
STREET ADDRESS	1335 NORTHWEST 130TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAWYER, YVONNE	
STREET ADDRESS	1335 NORTHWEST 130TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEPHENS, VERA	
STREET ADDRESS	1335 NORTHWEST 130TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33167	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

CLAYTON, FRANKIE B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/21/03

Date

(305) 948-5772

Daytime Phone #

CR2ED37 (4/03)