

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-11-2003 90065 006 ****61.25

DOCUMENT # N02000005885

1. Entity Name

YOUTH HOUSE RESCUE MISSION, INC.



Principal Place of Business

**1968 LINCOLN AVENUE
OPA-LOCKA FL 33054**

Mailing Address

**1968 LINCOLN AVENUE
OPA-LOCKA FL 33054**

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

55-0794868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WILHITE, TINA E
1968 LINCOLN AVENUE
OPA-LOCKA FL 33054**

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILHITE, TINA E 1968 LINCOLN AVENUE OPA-LOCKA FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILHITE, ELBERT 1968 LINCOLN AVENUE OPA-LOCKA FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAULNY, DAINA 18832 NW 45TH AVENUE CAROL CITY FL 33055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President; Treasurer; Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	WilHITE, Tina E. 1968 Lincoln Avenue Opa-Locka FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres.; Assist. Treasurer; Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	WilHITE, Elbert 1968 Lincoln Ave. Opa-Locka FL 33054	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Combs, Cheryl 3820 Rockwood Indianapolis, IN 46208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Woodson, Joyce 4606 Thornleigh Drive Indianapolis, IN 46226	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Tina E. WilHITE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

305-953-3229

Date

Daytime Phone #

CR2E037 (10/02)