

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-09-2003 90153 048 ****61.25

DOCUMENT # N02000007548

1. Entity Name

YOUTH WITH A GREATER VISION, INC.



Principal Place of Business

**1145 W 25TH ST
RIVIERA BCH FL 33404**

Mailing Address

**1145 W 25TH ST
RIVIERA BCH FL 33404**

2. Principal Place of Business

1145 West 25th
Suite, Apt. #, etc.

3. Mailing Address

1145 West 25th
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Riviera Beach Fl.
Zip **Fl. 33404**

City & State

Riviera Beach Fl.
Zip **Fl. 33404**

4. FEI Number

05-0522250

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

BEDFORD, CYNTHIA
1145 W 25TH ST
RIVIERA BCH FL 33404

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	PT	<input type="checkbox"/> Delete
NAME	BEDFORD, CYNTHIA	
STREET ADDRESS	1145 W 25TH ST	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEAN, DELIAH	
STREET ADDRESS	1205 W 25TH ST	
CITY-ST-ZIP	RIVIERA BCH FL 33404	
TITLE	S	<input type="checkbox"/> Delete
NAME	FULWOOD, CASSANDRA	
STREET ADDRESS	4845 FOXWOOD CIR	
CITY-ST-ZIP	W PALM BCH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	Latoya Bedford	
STREET ADDRESS	801 West 8th Street	
CITY-ST-ZIP	Riviera Beach Fl. 33404	
TITLE	T	<input type="checkbox"/> Delete
NAME	Chelsey Dailey	
STREET ADDRESS	2000 North Congress Ave Lot 83	
CITY-ST-ZIP	West Palm Beach Fl. 33409	
TITLE	T	<input type="checkbox"/> Delete
NAME	Stella Canty	
STREET ADDRESS	3806 9th St	
CITY-ST-ZIP	Lake Park FL 33403	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-03

Date

561-841-9688

Daytime Phone #

CR2E037 (10/02)