

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90263 017 ****70.00

DOCUMENT # N03000004057

1. Entity Name

Y.E.S. OF SOUTH FLORIDA , INC



Principal Place of Business

11014 SW 158TH TERR.
MIAMI FL 33157

Mailing Address

11014 SW 158TH TERR.
MIAMI FL 33157

2. Principal Place of Business

11000 SW 172nd Terr
Suite, Apt. #, etc.

3. Mailing Address

11000 SW 172nd Terr
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33157

Country

Dade

Zip

33157

Country

Dade

4. FEI Number

56-2350719

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWEN-MCDUFFEY, TONI L
11014 SW 158TH TERR
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name Bowen - McDuffey, Toni L.
Street Address (P.O. Box Number is Not Acceptable)

11000 SW 172nd Terr

City

MIAMI

FL

Zip Code

33157

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

Toni Bowen - McDuffey

4/20/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 P
NAME BOWEN-MCDUFFEY, TONI L
STREET ADDRESS 11014 SW 158TH TERR
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE V
NAME TYLER, PHYLIS
STREET ADDRESS 15860 SW 103RD PLACE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE S
NAME BOWEN-MCDUFFEY, TONI L
STREET ADDRESS 11014 SW 158TH TERR
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE T
NAME TYLER, PHYLIS
STREET ADDRESS 15860 SW 103RD PLACE
CITY-ST-ZIP MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toni Bowen - McDuffey

4/20/04

Date

305-975-8664

Daytime Phone #