


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90020 011 ****70.00

DOCUMENT # N03000008186 1. Entity Name YOUNG TALENTED PEOPLE ASSOCIATION, INC.					
Principal Place of Business 610 ORANGE STREET DRIVE BOWLING GREEN, FL 33834			Mailing Address 610 ORANGE STREET DRIVE BOWLING GREEN, FL 33834		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILLIAMS-TATIS, DAREEA A 610 ORANGE STREET DRIVE BOWLING GREEN, FL 33834				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and the filer (applicable). (NOTE: Registered Agent's signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, HASIM		NAME		
STREET ADDRESS	PO BOX 1356		STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, FL 33834		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, RICHARD		NAME		
STREET ADDRESS	PO BOX 1356		STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, FL 33834		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS-TATIS, DARNEA A		NAME		
STREET ADDRESS	PO BOX 1356		STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, FL 33834		CITY-ST-ZIP		
TITLE	COBD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ JACKSON, LILLIAN		NAME		
STREET ADDRESS	PO BOX 1356		STREET ADDRESS		
CITY-ST-ZIP	BOWLING GREEN, FL 33834		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>DAREEA A. Williams-Tatis</i> DAREEA A. Williams-Tatis 7/30/04 863-375-3766 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					