## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 10, 2005 8:00 am Secretary of State DOCUMENT # N03000008186 05-10-2005 90116 049 \*\*\*\*61.25 YOUNG TALENTED PEOPLE ASSOCIATION, INC. Principal Place of Business Mailing Address 50051252 **610 ORANGE STREET DRIVE 610 ORANGE STREET DRIVE BOWLING GREEN, FL 33834** BOWLING GREEN, FL 33834 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 Cha-NP CR2E037 (10/03) City & State City & State Applied For 4. FEI Number - 54-2130965 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Williams-Tatis, Darnea WILLIAMS-TATIS, DAREA A Street Address (P.O. Box Number is Not Acceptable) 610 ORANGE STREET DRIVE BOWLING GREEN, FL 33834 City 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 DarNea A. Williams-Tatis SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Addition NAME WILLIAMS, HASIM NAME PO BOX 1356 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOWLING GREEN, FL 33834 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete WILLIAMS, RICHARD NAME NAME PO BOX 1356 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOWLING GREEN, FL 33834 TITE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS-TATIS, DARNEA A NAME STREET ADDRESS PO BOX 1356 STREET ADDRESS BOWLING GREEN, FL 33834 CITY-ST-ZIP CITY-ST-7IP TITLE CORD ☐ Delete TITLE Change ☐ Addition LOPEZ JACKSON, LILLIAN NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 1356 CITY-ST-ZIP BOWLING GREEN, FL 33834 CITY-ST-7IP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 gither like empowered.

**FILED** 

May 02, 2005 (863) 3753338