## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## DOCUMENT # N05000003807 FILED YOUTH OUTREACH MINISTRY OF MONTICELLO, INC. 06 JUL 20 AM 9: 31 Principal Place of Business Mailing Address **655 SOUTH RAILROAD STREET** 655 SOUTH RAILROAD STREET MONTICELLO, FL 32344 MONTICELLO, FL 32344 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07202006 CR2E037 (4/06) Chg-NP City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CUYLER, HARRIETT MRS. 1230 EAST ROCKY BRANCH RD Street Address (P.O. Box Number is Not Acceptable) MONTICELLO, FL 32344 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Make check payable to $\Box$ Due by September 6, 2006 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PED ☐ Delete TITLE Change Addition CUYLER, HARRIETT MRS. NAME NAME 1230 E ROCKY BRANCH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTICELLO, FL 32344 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CUYLER, WILLIE MR. NAME 701 100077820 NAME STREET ADDRESS 1230 E ROCKY BRANCH RD 07/21/06--01008--007 STREET ADDRESS MONTICELLO, FL 32344 CITY-ST-ZIF CITY-ST-ZIP TITLE STD ☐ Delete TITLE ☐ Change Addition DUNLAP, RUBY MRS. NAME NAME STREET ADDRESS 2008 PLANTATION FOREST DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BRINSON, ETTA MRS. NAME STREET ADDRESS 3938 W LAKE RD STREET ADDRESS MONTICELLO, FL 32344 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOORE, CAROLYN MRS. NAME NAME 216 HALL RD STREET ADDRESS STREET ADDRESS CITY-ST-7(P LAMONT, FL 32336 CITY-ST-ZIP TITLE TRUS ☐ Delete TITLE ☐ Change ■ Addition JONES JR., JOHN MR. NAME NAME STREET ADDRESS **PO BOX 104** STREET ADDRESS CITY-ST-ZIP MONTICELLO FL 32345 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any address, with all other like empowered.

Daytime Phone #