

**DOCUMENT # N05000003807**  
1. Entity Name  
**YOUTH OUTREACH MINISTRY OF MONTICELLO, INC.**

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YOUTH OUTREACH MINISTRY OF MONTICELLO, INC.



Mailing Address  
655 SOUTH RAILROAD STREET  
MONTICELLO, FL 32344

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E037 (4/06)

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Make check payable to  
Florida Department of State**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_