

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006507

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** W.M. MCDONALD YOUTH MOTIVATOR PROGRAM, INC.

**Current Principal Place of Business:**

620 BAKER STREET  
WAUCHUKA, FL 33873 US

**New Principal Place of Business:**

620 BAKER STREET  
WAUCHULA, FL 33873 US

**Current Mailing Address:**

P.O. BOX 2424  
WAUCHULA, FL 33873 US

**New Mailing Address:**

FEI Number: 27-0492105      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WIGGINS, LATOYA M  
705 CENTRAL PARKE CIRCLE  
APT. 106  
LAKELAND, FL 33873 US

**Name and Address of New Registered Agent:**

WIGGINS, LATOYA M  
705 CENTRAL PARKE CIRCLE  
APT. 106  
LAKELAND, FL 33805 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

05/03/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WIGGINS, LATOYA  
Address: 705 CENTRAL PARKE CIRCLE, APT 106  
City-St-Zip: LAKELAND, FL 33805 US

Title: VP  
Name: GAMBLER, MAE  
Address: 508 MAGNOLIA BLVD  
City-St-Zip: WAUCHULA, FL 33873 US

Title: S,T  
Name: WILKINS, LATICIA  
Address: 735 CHAMBERLAIN BLVD.  
City-St-Zip: WAUCHULA, FL 33783 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LATOYA M WIGGINS

PR

05/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date