

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90095 028 ****70.00

DOCUMENT # N28703

1. Entity Name

CARVER ESTATES YOUTH PROGRAM INC.



Principal Place of Business

**C/O KATHY FRYER
770 SW 12 TERRACE
DELRAY BEACH FL 33444**

Mailing Address

**770 SW 12 TERRACE
DELRAY BEACH FL 33444
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2421317**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRYER, KATHY
770 SW. 12 TERRACE
DELRAY FL 33444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☒ Delete
NAME **ROLLE ROSETTA**
STREET ADDRESS **301 NW 3RD AVE.**
CITY-ST-ZIP **DELRAY BCH., FL 33444**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **KEITH D. KERN**
STREET ADDRESS **50 SE 4 AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete
NAME **ANDREWS, GEORGE**
STREET ADDRESS **3900 JOG RD**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **CHIEF LARRY SCHROEDER**
STREET ADDRESS **300 ATLANTIC AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **D** ☒ Delete
NAME **MAHLER, ERNST**
STREET ADDRESS **1022 E ATLANTIC AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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: **LARRY SCHROEDER** 1.30.03 561-243-7800

CR2E037 (10/02)