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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42340** (2)

1. Corporation Name
YOUTH WITH A MISSION, INC.

Principal Place of Business

Mailing Address

**9000 SW 137TH AVENUE
SUITE 216
MIAMI FL 33186
US**

**PO BOX 970471
MIAMI FL 33197-0471
US**

2. Principal Place of Business

2a. Mailing Address

21. 4444 Edgar Park Ave
Suite, Apt. #, etc.

4444 Edgar Park Ave
Suite, Apt. #, etc.

22. City & State

27. City & State

23. El Paso, TX

28. El Paso, TX

24. Zip

Country

29. Zip

Country

25. 79904

26. USA

30. 79904

31. USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/01/1991

4. FEI Number

65-0253251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MORGAN, CHARLES O., JR.
1300 NW 167TH ST
MIAMI FL 33169**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **ALLEGRETTO, RICK**
STREET ADDRESS **10524 SW 139TH AVE**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **DP** ☐ Change ☐ Addition
1.2 NAME **Allegretto, Rick**
1.3 STREET ADDRESS **7131 San Marino Drive**
1.4 CITY-ST-ZIP **El Paso, TX 79912**

TITLE **DST** ☐ DELETE
NAME **SINKE, ADRIAN**
STREET ADDRESS **27257 SW 121 CT**
CITY-ST-ZIP **HOMESTEAD FL**

2.1 TITLE **DST** ☐ Change ☐ Addition
2.2 NAME **Sinke, Adrian**
2.3 STREET ADDRESS **1109 Chiricuahua Drive**
2.4 CITY-ST-ZIP **El Paso, TX 79912**

TITLE **DV** ☐ DELETE
NAME **LANDIS, WILLIAM A.**
STREET ADDRESS **336 GPO**
CITY-ST-ZIP **BRIDGETOWN BA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **Director** ☐ DELETE
NAME **John Allegretto**
STREET ADDRESS **6812 Toluca Dr.**
CITY-ST-ZIP **El Paso, TX 79912**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **Director** ☐ DELETE
NAME **MaryBeth Maifeld**
STREET ADDRESS **2928 Grant Ave**
CITY-ST-ZIP **El Paso, TX 79930**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Adrian Sinke

Adrian Sinke

3/9/98

915-757-3387

CR2E037 (10/97)