

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42340

1. Corporation Name

YOUTH WITH A MISSION, INC.

Principal Place of Business

**4444 EDGAR PARK AVENUE
EL PASO TX 79904
US**

Mailing Address

**4444 EDGAR PARK AVENUE
EL PASO TX 79904
US**

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90244 017 ****61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
03/01/1991

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0253251

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORGAN, CHARLES O., JR.
1300 NW 187TH 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 **7131 SAN MARINO DRIVE**
CITY-ST-ZIP **EL PASO TX 79912**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **DST** ☐ DELETE
NAME **SINKE, ADRIAN**
STREET ADDRESS **1109 CHIRICUAHUA DRIVE**
CITY-ST-ZIP **EL PASO TX 79912**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Sinke, Adrian**
2.3 STREET ADDRESS **853 El Parque**
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 **Landis, William A.**
3.3 STREET ADDRESS **Thickett Plantation**
3.4 CITY-ST-ZIP **St. Philip, Barbados**

TITLE **D** ☐ DELETE
NAME **ALLEGRETTO, JOHN**
STREET ADDRESS **6812 TOLUCA DRIVE**
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 **D** ☐ DELETE
NAME **MAIFIELD, MARYBETH**
STREET ADDRESS **2928 GRANT AVENUE**
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 21, 1999

915 757 3387

CR2E037 (11/98)