

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N42340**

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0253251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **ALLEGRETTO, RICK**
STREET ADDRESS **7131 SAN MARINO DRIVE**
CITY-ST-ZIP **EL PASO TX 79912**TITLE **DST** ☐ Delete
NAME **SINKE, ADRIAN**
STREET ADDRESS **853 EL PARQUE**
CITY-ST-ZIP **EL PASO TX 79912**TITLE **DV** ☐ Delete
NAME **LANDIS, WILLIAM A.**
STREET ADDRESS **THICKETT PLANTATION**
CITY-ST-ZIP **ST. PHILIP BA**TITLE **D** ☐ Delete
NAME **ALLEGRETTO, JOHN**
STREET ADDRESS **6812 TOLUCA DRIVE**
CITY-ST-ZIP **EL PASO TX 79912**TITLE **D** ☐ Delete
NAME **MAIFIELD, MARYBETH**
STREET ADDRESS **2928 GRANT AVENUE**
CITY-ST-ZIP **EL PASO TX 79930**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/14/02
Date915-757-3387
Daytime Phone #

DO NOT WRITE IN THIS SPACE

002901

CR2E037 (9/01)