


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90029 050 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N42340</b>                            |  |
| 1. Entity Name<br><b>YOUTH WITH A MISSION, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>4444 EDGAR PARK AVENUE<br/>EL PASO, TX 79904 US</b> | Mailing Address<br><b>4444 EDGAR PARK AVENUE<br/>EL PASO, TX 79904 US</b> |
|---|---|



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>20131 FM ROAD 16 WEST</b> | 3. Mailing Address<br><b>P.O. BOX 3000</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                        |
| City & State<br><b>LINDALE, TEXAS</b>                          | City & State<br><b>LINDALE, TX 75771</b>   |
| Zip<br><b>75771</b>  | Country<br><b>USA</b>                      |

03132005 Chg-NP CR2E037 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0253251</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required |  |

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><b>MORGAN, CHARLES O., JR.<br/>1300 NW 167TH ST<br/>MIAMI, FL 33169</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|--|---|

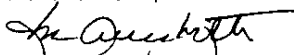
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|---|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP<br/>ALLEGRETTO, RICK<br/>7131 SAN MARINO DRIVE<br/>EL PASO, TX 79912</b> <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DP<br/>RICK ALLEGRETTO<br/>20131 FM Rd. 16W<br/>LINDALE, TX 75771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DV<br/>LANDIS, WILLIAM A.<br/>PO BOX 198 READING<br/>MONTEGO BAY, JAMAICA, st james</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ALLEGRETTO, JOHN<br/>6812 TOLUCA DRIVE<br/>EL PASO, TX 79912</b> <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>D<br/>JOHN ALLEGRETTO<br/>16702 MEADOW CREST<br/>LINDALE, TX 75771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MAIFIELD, MARYBETH<br/>4444 EDGAR PARK AVE<br/>EL PASO, TX 79904</b> <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:**  **JOHN ALLEGRETTO 3-14-05 903 882 9139**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #