2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N42340

 Entity Name YOUTH WITH A MISSION, INC.

FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

20131 FMRD 16 W LINDALE, TX 75771 US Mailing Address

POBOX3000

LINDALE TX 75771 US



01172007 No Chg-NP

CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33169			IN THIS SPACE		
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					
	Filing Fee Is \$61.25 Due by May 1, 2007	Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECTOR DP ALLEGRETTO, RICK 20131 FM RD 16 W LINDALE, TX 75771 DV	TORS	U000000607338 01/31/07-80032-021 61.25 DO NOT WRITE IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LANDIS, WILLIAM A. PO BOX 198 READING MONTEGO BAY, JAMAICA, st james D ALLEGRETTO, JOHN 16702 MEADOW CREST				
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D MAIFIELD, MARYBETH 4444 EDGAR PARK AVE EL PASO, TX 79904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

which the

JOHN ALLEGRETTO

1-17-2007

903882-5581

Daytime Phone * , , EC -