

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N42340

1. Entity Name
YOUTH WITH A MISSION, INC.



Principal Place of Business
20131 FM RD 16 W
LINDALE, TX 75771 US

Mailing Address
P O BOX 3000
LINDALE, TX 75771 US



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000783846
01/16/08-80031-004 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ALLEGRETTO, RICK
20131 FM RD 16 W
LINDALE, TX 75771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
LANDIS, WILLIAM A.
PO BOX 198 READING
MONTEGO BAY, JAMAICA, st james

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLEGRETTO, JOHN
16702 MEADOW CREST
LINDALE, TX 75771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MAIFIELD, MARYBETH
4444 EDGAR PARK AVE
EL PASO, TX 79904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby 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:

John Allegretto
JOHN ALLEGRETTO

Date

Daytime Phone #

1-10-2008 9035095573