

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90075 020 ****61.25

DOCUMENT # N50638

1. Entity Name

OMEGA YOUTH AND DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

**1507 LAKELAND HILLS BLVD
 SUITE 103
 LAKELAND FL 33805
 US**

Mailing Address

**P O BOX 91492
 LAKELAND FL 33804
 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 **51-0223895**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~JOHNSON, HERMAN JR~~
**6500 CREWS LAKE HILLS LOOP E
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name **Herman Johnson Jr**
 Street Address: P.O. Box Number (Not Acceptable) **1507 Lakeland Hills Blvd Suite 103**
 City **Lakeland** FL Zip Code **33825**

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 \$61.25

9. 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	PD	<input type="checkbox"/> Delete
NAME	CARPENTER, MCARTHUR	
STREET ADDRESS	1339 ROBERT KING HIGH DR	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LONGWORTH, LEO	
STREET ADDRESS	1395 E MAGNOLIA ST	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHESTANG, MORAIS	
STREET ADDRESS	1346 W. 9TH ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORBETT, JEROME	
STREET ADDRESS	1100 LOWRY AV #65	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOHNSON, HERMAN D JR	
STREET ADDRESS	6500 CREWS LAKE HILLS LOOP E	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

863-533-3136

Daytime Phone #

CR2E037 (9/01)