

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91104 024 ****70.00

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1. Entity Name

THE YOUTH LEADERSHIP DEVELOPMENT PROJECT, INC.



Principal Place of Business

**25 SEABREEZE AVENUE
SUITE 300
DELRAY BEACH FL 33483
US**

Mailing Address

**25 SEABREEZE AVENUE
SUITE 300
DELRAY BEACH FL 33483
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0660820**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAYELL, C C
25 SEABREEZE AVENUE
SUITE 300
DELRAY BEACH FL 33483**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Delete
NAME **MAYELL, CHARLES C**
STREET ADDRESS **651 HERON DRIVE**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **STEWART, WILLIAM REV.**
STREET ADDRESS **22410 N. 48TH STREET**
CITY-ST-ZIP **PHOENIX AZ 85054**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **STRICKLAND, BLAINE**
STREET ADDRESS **8604 MINDICH COURT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **HARTKORN, LOWELL W**
STREET ADDRESS **3815 VERNHARDSON ST**
CITY-ST-ZIP **GIG HARBOR WA 98332**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3802 SPADONI LANE**
CITY-ST-ZIP **GIG HARBOR, WA 98335**

TITLE **DS** ☐ Delete
NAME **LEITH, GREGORY B**
STREET ADDRESS **16 VIA TALIANA**
CITY-ST-ZIP **RANCHO SANTA MARGUARITA CA 92688**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WENGER, CHARLES**
STREET ADDRESS **4220 PATRICIA DRIVE, N.**
CITY-ST-ZIP **URBAN DALE IA 50322**

TITLE ☐ 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:

SIGNATURE REQUIRED

3/14/03

581-266-9499

CR2E037 (10/02)