2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000002784**

STREET ADDRESS

SIGNATURE:

changed, or on an attachment with an address, with all other like

CITY-ST-ZIP

ANTIOCH YOUTH AND DEVELOPMENT FOUNDATION, INC.

Principal Place of Business 163 CATLINA STREET FORT MYERS FL 33916

Mailing Address

163 CATLINA STREET FORT MYERS FL 33916

2. Principal Place of Business 3. Mailing Address 50626 Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0132438 set Mures Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 3994 Lec Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCOTT, CASSANDRA 5312 4TH STREET WEST astlebar Circle LEHIGH ACRES FL 33971 8. The above named entity submits this statement for the purpose changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obtigations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Addition **BROWN, RUSSELL REV** NAME NAME STREET ADDRESS 2 KINGMAN CIRCLE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP VD. TITI F ☐ Delete TITLE ☐ Change ☐ Addition FAUST, BOBBY SR STREET ADDRESS **5 KINGMAN CIRCLE** STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP TITLE Delete MATHOWS, Shaurie / 2255 Pauldo St-FORT Mycrs, F.1. 33916 HUGHES, LOREEN P NAME NAME STREET ADDRESS 2255 PAULDO STREET~ STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition SCOTT, CASSANDRA NAME 16 Castlebar Circle 5312 4TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **LEHIGH ACRES FL 33971** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

STREET ADDRESS

CITY-ST-ZIP +

12. I hereby certify that the information supplied with this filing does not odalify 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

FILED

Sep 08, 2002 8:00 am Secretary of State

09-08-2002 90119 048 ****70.00