

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90098 031 \*\*\*\*70.00

**DOCUMENT # N97000000552**



1. Entity Name  
**YOUTH & COMMUNITY DEVELOPMENT MINISTRIES, INC.**

Principal Place of Business  
**2030 N.W. 49TH STREET  
LAUDERHILL FL 33313**

Mailing Address  
**2030 N.W. 49TH STREET  
LAUDERHILL FL 33313**

**55030630**



☐ CHECK HERE IF MAKING CHANGES

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 <b>65-0126325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BAUGH, ALLAN 2030 N.W. 49TH STREET LAUDERHILL FL 33313</b>		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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD - Pastor, President</b>	<input type="checkbox"/> Delete	TITLE <b>Assistant Pastor</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BAUGH, ALLAN</b>		NAME <b>Campbell, Winston</b>	
STREET ADDRESS <b>4817 N.W. 7TH STREET</b>		STREET ADDRESS <b>3360 Spanish Moss Terr. #404</b>	
CITY-ST-ZIP <b>PLANTATION FL 33317</b>		CITY-ST-ZIP <b>LAUDERHILL, FL 33319</b>	
TITLE <b>SD - Secretary</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRESCOTT, VERONICA</b>		NAME	
STREET ADDRESS <b>4730 N.W. 11TH PLACE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>		CITY-ST-ZIP	
TITLE <b>TD - Treasurer</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROYES, DAPHNE</b>		NAME	
STREET ADDRESS <b>3365 N.W. 33 COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAUD LAKES FL 33309</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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** **ALLAN BAUGH** **4-10-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)