2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE

May 24, 2000 8:00 am Secretary of State DOCUMENT # N9700000874 1. Entity Name CONCERN FOR ALL YOUTH, INC. 05-24-2000 90037 020 ****66.25 Principal Place of Business Mailing Address 1813 3RD AVE. WEST 1813 3RD AVE. WEST PALMETTO FL 34221 PALMETTO FL 34221-3223 Principal Place of Business 3. Mailing Address 133RD AVE WEST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For -Imetti 59-3403533 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Manatee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KMan LEWIS Street Address (P.O. Box Number is Not Acceptable) SHERMAN, LEWIS W 2210 11ST SOUTH ST PETERSBURG FL 34221 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 O SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME ISOM, BERNICE STREET ADDRESS STREET ADDRESS 1813 3RD AVE W CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Change ☐ Addition vPD Delete TITLE TITLE NAME MORALES, PAULA R NAME STREET ADDRESS STREET ADDRESS 721 7TH ST. WEST CITY-ST-ZIP CITY-ST-ZIP Palmetto Fl 34221 ophelia Bailey 20 21 3RD west Palmetto FL Addition Addition TITLE Delete TITLE ☐ Change NAME NAME dey, patricia STREET ADDRESS STREET ADDRESS 1520 4TH AVE E CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 ☐ Delete TITLE ☐ Change ☐ Addition ISOM, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 2510 21ST ST. WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 TITLE ☐ Delete ☐ Change ☐ Addition NAME MOTEN, MILDRD NAME STREET ADDRESS STREET ADDRESS 1816 5TH STREET W CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME -MURRAY, RUTH NAME STREET ADDRESS STREET ADDRESS :1811-3RD-AVE-W-----CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 12. I hereby certify that the information supplied with this filling 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

FILED