

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

FILED
Jun 23, 2003 8:00 am
Secretary of State

05-05-2003 91383 008 ****61.25

DOCUMENT # N97000002197

1. Entity Name
MEN, WOMEN AND YOUTH IN ACTION, USA INC.



Principal Place of Business
**540 PECAN AVE
SANFORD FL 32771**

Mailing Address
**P.O. BOX 952517
LAKE MARY FL 32795-2517**

55049508

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 **59-3358267**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

**DEGROOT, HOLLY
13143 DALLAS WOODS LN
ORLANDO FL 32824**

7. Name and Address of New Registered Agent

Name **Paul Benjamin Sr.**
Street Address (P.O. Box Number is Not Acceptable)
540 Pecan Avenue
City **Sanford** FL Zip Code **32771**

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)

4/30/03
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

TITLE **PD** ☐ Delete
NAME **BENJAMIN, PAUL REV.**
STREET ADDRESS **744 SUMMERLAND DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **T** ☐ Delete
NAME **BENJAMIN, JACQUELINE**
STREET ADDRESS **744 SUMMERLAND DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VC** ☒ Delete
NAME **HALL, TERRY**
STREET ADDRESS **925 LARSON DRIVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **SD** ☐ Delete
NAME **STAPLER, SYDELL**
STREET ADDRESS **608 WEST 22 STREET**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **C** ☐ Delete
NAME **WOLFE, DICK**
STREET ADDRESS **4268 TIDEWATER DRIVE**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D** ☒ Delete
NAME **DENNIS, WILLIE**
STREET ADDRESS **6858 HIDDEN GLADE PLACE**
CITY-ST-ZIP **SANFORD FL 32771**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Frederick Wilson**
STREET ADDRESS **540 Pecan Ave**
CITY-ST-ZIP **Sanford, FL 32771**

TITLE **D** ☐ Change ☒ Addition
NAME **Mark Pester**
STREET ADDRESS **540 Pecan Ave**
CITY-ST-ZIP **Sanford, FL 32771**

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

Daytime Phone #

CR2037 (10/02)