2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003351

Zip

10.

FRIENDS OF YOUTH MENTORING PROGRAM OF OKEECHOBEE

Principal Place of Business 1690 NW 9TH AVENUE OKEECHOBEE FL 34974

Mailing Address

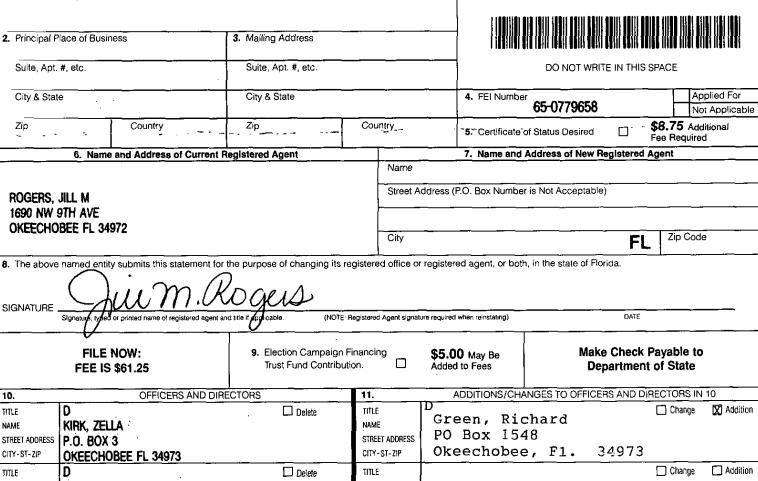
P O BOX 2412

OKEECHOBEE FL 34973-2412

FILED Mar 24, 2000 8:00 am Secretary of State

03-24-2000 90114 047 ****61.25

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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME KLEELE, ALYCE NAME STREET ADDRESS STREET ADDRESS 1040'S.E. 23RD-ST. CITY-ST-ZIP CITY-ST-7IP OKEECHOBEE FL 34972 ☐ Change Addition Delete TITLE BRENNAN, SHIRLEY NAME STREET ADDRESS STREET ADDRESS 258 S.E. 60TH AVE. CITY-ST-7IP CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP