

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003351

1. Entity Name

FRIENDS OF YOUTH MENTORING PROGRAM OF OKEECHOBEE COUNTY, INC.

Principal Place of Business

Mailing Address

1690 NW 9TH AVENUE
OKEECHOBEE FL 34974

P O BOX 2412
OKEECHOBEE FL 34973

2. Principal Place of Business

575 SW 28th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Zip

34974

Country

Zip

Country

4. FEI Number

65-0779658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

ROGERS, JILL M
1690 NW 9TH AVE
OKEECHOBEE FL 34972

Street Address (P.O. Box Number is Not Acceptable)

575 SW 28th St.

City

Okeechobee

FL

Zip Code

34974

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.

SIGNATURE

Jill M. Rogers - Executive Director

3/4/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KIRK, ZELLA	
STREET ADDRESS	P.O. BOX 3	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLEELE, ALYCE	
STREET ADDRESS	1040 S.E. 23RD ST.	
CITY-ST-ZIP	OKEECHOBEE-FL-34972	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRENNAN, SHIRLEY	
STREET ADDRESS	258 S.E. 60TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, RICHARD	
STREET ADDRESS	PO BOX 1548	
CITY-ST-ZIP	OKEECHOBEE FL 34973	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jill M. Rogers

3/4/02

863-462-5863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90020 027 ****61.25



DO NOT WRITE IN THIS SPACE