

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2004 8:00 am**  
**Secretary of State**

02-19-2004 90011 003 \*\*\*\*61.25

**DOCUMENT # N97000005866**

1. Entity Name  
YPO FELLOWSHIP FOCUS FORUM, INC.



Principal Place of Business  
121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CORAL GABLES, FL 33134

Mailing Address  
121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CORAL GABLES, FL 33134

**54008298**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0789135

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MORRIS, W. ALLEN  
121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CORAL GABLES, FL 33134

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete  
NAME KULHAWY, ROBERT  
STREET ADDRESS 555 11TH AVE SW., STE 200  
CITY-ST-ZIP CALGARY, ALTA, CA t2r1p6

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

TITLE VSXD ☐ Delete  
NAME MORRIS, ALLEN W  
STREET ADDRESS 121 ALHAMBRA PLAZA, PHI, STE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33334

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

TITLE VD ☐ Delete  
NAME REGAN, MICHAEL  
STREET ADDRESS 360 W BUTTERFIELD RD., STE 400  
CITY-ST-ZIP ELMHURST, IL 60126

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

TITLE PD ☐ Delete  
NAME MANGUM, MICHAEL  
STREET ADDRESS 341 HUMPHRIES WHYND #100  
CITY-ST-ZIP RALEIGH, NC 27621

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

TITLE TD ☐ Delete  
NAME KUCK, DUANE  
STREET ADDRESS 2300 JET PORT DR  
CITY-ST-ZIP ORLANDO, FL 32809

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*W. Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/04*  
Date

*(305) 443-1000*  
Daytime Phone #