

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

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



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0789135

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANGUM, MICHAEL
STREET ADDRESS	3141 JOHN HUMPHRIES WYND #100
CITY- ST- ZIP	RALEIGH, NC 27612
TITLE	DV
NAME	JONES, RALPH III
STREET ADDRESS	312 S. 14TH AVENUE
CITY- ST- ZIP	HUMBOLDT, TN 38343
TITLE	D
NAME	MORRIS, DIANE Y
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY- ST- ZIP	CORAL GABLES, FL 33134
TITLE	D
NAME	HATCHER, RANDALL W
STREET ADDRESS	424 WATEROAK LANE
CITY- ST- ZIP	AUGUSTA, GA 30907
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/15/08-80090-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lines empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/08 706-724-8367