

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

DOCUMENT # N99000001151

1. Entity Name

Right Way Community Service

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

328 W Broward Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 938647
Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Margate FL

Zip

33311

Country

U.S.

Zip

33093

Country

U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Delores Neloms

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

614 Laurel Way

City North Lauderdale

FL

Zip Code

33068

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

Delores Neloms Delores Neloms

10-28-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	<u>PD</u>
NAME	<u>Delores Neloms</u>
STREET ADDRESS	<u>614 Laurel Way</u>
CITY-ST-ZIP	<u>North Lauderdale FL 33068</u>
TITLE	<u>VPD</u>
NAME	<u>Sherry Vertil-Powell</u>
STREET ADDRESS	<u>1109 N.W. 6th AVE #3</u>
CITY-ST-ZIP	<u>Pompano Beach FL 33060</u>
TITLE	<u>SO, ID</u>
NAME	<u>Barbara Gumbs</u>
STREET ADDRESS	<u>674 Kathy Court</u>
CITY-ST-ZIP	<u>Margate FL 33068</u>
TITLE	<u>D</u>
NAME	<u>Moses Rhue</u>
STREET ADDRESS	<u>4041 N.W. 16th St</u>
CITY-ST-ZIP	<u>Lauderhill FL 33313</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Delores Neloms Delores Neloms

Date

10-27-02

Daytime Phone #

954

9705194

CR2E037B (12/01)

Division of Corporations

To whom it may concern,

We are currently inactive due to the fact that our secretary passed away and our treasury is no longer with us, as well as a problem in receiving all of our mail.

We are requesting a waiver of penalty fees, I have included the cost for two years and amended the officers and our new mailing address.

For any further questions please contact
Barbara Gumbs at 954-327-0955.

RECEIVED
DIVISION OF CORPORATIONS
JAN 15 1994
STATE OF FLORIDA
TALLAHASSEE