

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-19-2004 90011 004 ****61.25

DOCUMENT # N99000004062

1. Entity Name
YPO FELLOWSHIP FOUNDATION, 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

54008297



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0957170

Applied For
Not Applicable

5. Certificate of Status Desired -- ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE DC
NAME KULHAWY, ROBERT ☐ Delete
STREET ADDRESS 555 11TH AVE SW STE 200
CITY-ST-ZIP CALGARY, ALBERTA T2H1L5 CANAD,

TITLE VSD
NAME MORRIS, W A ☐ Delete
STREET ADDRESS 121 ALHAMBRA PLAZA PH I STE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

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

TITLE PD
NAME MANGUM, MICHAEL ☐ Delete
STREET ADDRESS 3141 JOHN HUMPHRIES WYND # 100
CITY-ST-ZIP RALEIGH, NC 27612

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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. Allen Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 (305) 443-1000
Date Daytime Phone #