

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90049 028 *****61.25

DOCUMENT # N35639

1. Entity Name

THE "I AM" FOUNDATION, INC.



Principal Place of Business

C/O WILLIAM J. BOOTH
33406 OHIO AVENUE
RIDGE MANOR FL 33525

Mailing Address

C/O WILLIAM J. BOOTH
33406 OHIO AVENUE
RIDGE MANOR FL 33525

2. Principal Place of Business

C/O William J. Booth

3. Mailing Address

C/O William J. Booth

Suite/Apt./# etc. 13128 Palmetto Cir.

Suite/Apt./# etc. 13128 Palmetto Cir.

City & State Dale City, FL.

City & State Dale City, FL.

Zip 33525 Country USA

Zip 33525 Country USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2984690

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOOTH, WILLIAM J
33406 OHIO AVENUE
RIDGE MANOR FL 33525

7. Name and Address of New Registered Agent

Name William J. Booth

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

13128 Palmetto Circle

City Dale City

FL

Zip Code 33525

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 William J. Booth

SIGNATURE William J. Booth

9-8-03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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	PDT	<input type="checkbox"/> Delete
NAME	BOOTH, WILLIAM J	
STREET ADDRESS	33406 OHIO AVENUE	
CITY-ST-ZIP	RIDGE MANOR FL 33525	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WORRELL, RUBERT	
STREET ADDRESS	P.O. BOX 534 N/A	
CITY-ST-ZIP	LACOOCHIE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FORNERO, SHANDA	
STREET ADDRESS	4608 HIDDEN SHADOW DR	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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:

William J. Booth

9-8-03

352-267-1675

CR2E037 (4/03)