


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

1-3

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000002293 (7)**  
 1. Corporation Name  
**LIFE SKILLS FOR JUVENILES, INCORPORATED**



Principal Place of Business <b>1150 LANE AVENUE SOUTH JACKSONVILLE FL 32205</b>	Mailing Address <b>1150 LANE AVENUE SOUTH JACKSONVILLE FL 32205</b>
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3. Date Incorporated or Qualified <b>05/10/1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3299879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**FOY, DONALD  
1150 LANE AVENUE SOUTH  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FOY, DONALD</b>	
STREET ADDRESS	<b>1150 LANE AVENUE SOUTH</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAZOURI, TOMMY</b>	
STREET ADDRESS	<b>12175 W DIVIDING OAKS TR</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAPP, JOHN</b>	
STREET ADDRESS	<b>931 CASSAT AVE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PETERS, GLORI</b>	
STREET ADDRESS	<b>501 WEST STATE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32202</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRUITT, RODERICK</b>	
STREET ADDRESS	<b>1130 LANES AVE</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32205</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WALLS, LYNDA</b>	
STREET ADDRESS	<b>13018 V.I.BURNUN DR N</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL 32246</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P McIntyre Howard</b>
1.3 STREET ADDRESS	<b>5535 Ramona Blvd</b>
1.4 CITY - ST - ZIP	<b>Jacksonville, FL 32205</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Renner Arville L.</b>
2.3 STREET ADDRESS	<b>6999-02 Merrill Rd</b>
2.4 CITY - ST - ZIP	<b>Jacksonville, FL 32211</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Preshia Elliott</b>
3.3 STREET ADDRESS	<b>2426 Seaburg Place N</b>
3.4 CITY - ST - ZIP	<b>Jacksonville, FL 32246</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S Harpman Cindy</b>
4.3 STREET ADDRESS	<b>421 W. Church St Suite 403</b>
4.4 CITY - ST - ZIP	<b>Jacksonville, FL 32202</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Program Director</b>
6.3 STREET ADDRESS	<b>Foy Donald</b>
6.4 CITY - ST - ZIP	<b>1150 Lane Aves Jacksonville, FL 32205</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald R. Foy 8/4/96 904/630-5762  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #

CR2E037 (3/96)

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Directors; whose names and address are as follows:

- 1) Donald Foy  
1150 Lane Avenue South  
Jacksonville, Florida 32205
- 2) Tommy Hazouri  
12175 West Dividing Oaks Trail  
Jacksonville, Florida 32257
- 3) Dr. John Lapp  
931 Cassat Avenue  
Jacksonville, Florida 32205
- 4) Glori Peters  
501 West State  
Jacksonville, Florida 32202
- 5) Roderick Pruitt  
1130 Lanes Avenue  
Jacksonville, Florida 32205
- 6) Dr. Lynda Walls  
13018 V.I. Burnun Drive North  
Jacksonville, Florida 32246
- 8) Eric Smith  
202 East Bay Street  
Jacksonville, Florida 32202
- 9) Elloit Preshia  
2426 Seaburg Place North  
Jacksonville, Florida 32246
- 10) Howard McIntyre  
5335 Ramona Boulevard  
Jacksonville, Florida 32205
- 11) Cindy Harpman  
421 West Church Street, Suite 403  
Jacksonville, Florida 32202
- 12) Louis Battiese  
314 Palmetto Street  
Jacksonville, Florida 32202
- 13) Arvill L. Renner  
6999-02 Merrill Road # 177  
Jacksonville, Florida 32211

The manner by and through which members shall be elected to the Board of Directors at all times subsequent as a grant of certification shall be as set forth and described in the by-laws of Life Skills for Juveniles, Incorporated.

**ARTICLE V: CORPORATION OFFICERS**

The officers name and address of the initial offers of Life Skills for Juveniles, Incorporated are as follows:

- ✓ 1) Howard McIntyre, President  
5335 Ramona Boulevard
- ✓ 3) Cindy Harpman, Secretary  
421 West Church Street, Suite 403

Jacksonville, Florida 32205

Jacksonville, Florida 32202

✓2) Arville L. Renner, Vice President  
6990 Merrill Road # 177  
Jacksonville, Florida 32211

✓4) Elloit Preshia, Treasurer  
2426 Seaburg Place North  
Jacksonville, Florida 32246

**ARTICLE VI: LIMITATION OF CORPORATION POWERS**

The corporation powers of Life Skills for Juveniles, Incorporated are as provided in Section 617.0302 Florida Statues and embodied in the by-laws of Life Skills for Juveniles, Incorporated.

**ARTICLE VII: REGISTERED AGENT**

The name of the initial Registered Agent is Donald Foy; who resides in the City of Jacksonville, County of Duval and State of Florida, presently at 1150 Lane Avenue South, Jacksonville, Florida 32205.

**ARTICLE VIII: INCORPORATORS**

The names and street addresses of the incorporators for these Articles Skills for Juveniles, Incorporation applicable to Life Skills for Juveniles, Incorporated, are as follows:

1) Donald Foy  
1150 Lane Avenue South  
Jacksonville, Florida 32205

2) Roderick Pruitt  
1150 Lane Avenue S.  
Jacksonville, Florida 32205