

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 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1150 LANE AVENUE SOUTH JACKSONVILLE FL 32205	Mailing Address 1150 LANE AVENUE SOUTH JACKSONVILLE FL 32205
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/10/1995	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3299879		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FOY, DONALD 1150 LANE AVENUE SOUTH JACKSONVILLE FL 32205		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOY, DONALD	1.2 NAME	McIntyre Howard
STREET ADDRESS	1150 LANE AVENUE SOUTH	1.3 STREET ADDRESS	5635 Ramona Blvd
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	Jacksonville, FL 32205
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZOURI, TOMMY	2.2 NAME	Renner Arville L.
STREET ADDRESS	12175 W DIVIDING OAKS TR	2.3 STREET ADDRESS	6999-02 Merrill Rd
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPP, JOHN	3.2 NAME	Preshia Elliott
STREET ADDRESS	931 CASSAT AVE	3.3 STREET ADDRESS	2426 Seaburg Place N
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	Jacksonville, FL 32246
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, GLORI	4.2 NAME	Harper Cindy
STREET ADDRESS	501 WEST STATE	4.3 STREET ADDRESS	421 W. Church St Suite 403
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUITT, RODERICK	5.2 NAME	
STREET ADDRESS	1130 LANES AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLS, LYNDA	6.2 NAME	Program Director
STREET ADDRESS	13018 V.I.BURNUN DR N	6.3 STREET ADDRESS	Foy Donald
CITY-ST-ZIP	JACKSONVILLE FL 32246	6.4 CITY-ST-ZIP	Jacksonville, FL 32205

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald R. Foy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/96 9041630-5764
Date Daytime Phone #

N95000002293

Directors; whose names and address are as follows:

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

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| – √ 1) Howard McIntyre, President
5335 Ramona Boulevard | √ 3) Cindy Harpman, Secretary
421 West Church Street, Suite 403 |
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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 Statutes 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