## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

SIGNATURE 4



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # /5881 S ALL AMERICAN YOUTH	(1)		1 10 CU H A BEH TAYAN 1848 1840 HENDE BURK	
Principal Place	of Business	Mailing Address		1 100011 10001 41401 18101 10601 11011 60	E1 01811 81811 91811 81811 81811 81811 188
1250 HOLT AVE CLEARWATER FL 34615  1250 HOLT AVE CLEARWATER FL 3461					
				3. Date Incorporated or Qualified 06/17/1981	3a. Date of Last Report 02/28/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-2196260	Applied For
Suite, Apt. 4	t. etc.	Suite, Apt. #, etc.		39.5 190500	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inta	angible tayjunder s. 199.032,
24	25	29	30	Florida Statutes	Yes No
<del></del>	9. Name and Address of Currer	it Hegistered Agent	81 Name 1	10. Name and Address of New Reg	
MARRIS, ERVIN			abalola, E.	Ajamu	
1835 CHATEAU DRIVE W.			82 Street Add	rass (P.O. Bok Hymber, syyon Acceptable)	17.0
CLEARWATER FL 33516			83	in totalism.	
(					
	•		84 City	arunter	FL 85 399024
11. Pursuant te	the provisions of Sections 617,0502	and 617.1508, Florida Statute	s, the above named corpo	ration submits this statement for the purpo	
or registere familiar wit	nd agent or both, in the State of Flori h, and eccept the obligations of, Sect	da. Such change was authorize ion 6/7,0503, Florida Statutes.	d by the corporation's boa	rd of directors. I hereby accept the appoin	tment as registered agent. I am
SIGNATURE .	T. (Man)	Dabalista.			7/12/96
	Signature typed or purified name of registered agent		E: Registered Agent signature require		6AyE
TITLE	OFFICERS AN	D DIRECTORS  DELETE	13.	ADDITIONS/CHANGE'S TO OFFICE	
NAME	HARRIS, ERVIN	Porreir	11 TIFLE 1.2 NAME	D abalola, E. Ajamu	Triange Addition
STREET ADDRESS	1835 CHATEAU DRIVE W.		1.3 STREET ADDRESS	Sul Moonslip De	
CITY-ST-ZIP	CLEARWATER FL	٠.٠٠	1.4 City-St-ZiP	314 Magnolia Dr Llearwater, Fl 34	1.2L
TITLE	STD	DELETE	21 TITLE C:	The water 1	Uhange Addition
NAME	HICKS, CHARLOTTE		2 2 NAME	IHE, ANN	EL surango Egy mannon
STREET ADDRESS	2023 IMPERIAL WAY		2 3 STREET ADDRESS	109 W. Sligh AVE	
CITY-ST-ZIP	CLEARWATER FL		2 4 CITY - ST - ZIP	Campa, FT 33614	
TITLE	VD	DELETE	31 TIFLE V	/D	Change Addition
NAME	GARRIS, ANN		3 2 NAME	liner, John	
STREET ADDRESS	38 ACACIA STREET		3 3 STREET ADDRESS	THAT TOYIOR LOKE PIC	CE
CITY-ST-ZIP	CLEARWATER FL	Florett	3 4. CITY-ST-ZIP	argoift 34648	
TITLE NAME	WHITNEY, TOM	DELETE	4.1 TITLE	3	Change Addition
STREET ADDRESS	7511 114TH AVE. N.		4. 2 NAME		
CITY-ST-ZIP	LARGO FL		4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME		_	5.2 NAME		C
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		·	5 4 CITY - ST - ZIP		
TITLE		DELETE	6 1 TITLE	20000190	Addition Addition
NAME			6 2 NAME	-07/30/9601056	0016
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	continue that the information are all and	with this files is at a 1 of 1	6 4 CITY - ST - ZIP		
				or the exemption stated in Section 119.07 te and that my signature shall have the sa is report as required by Chapter 617, Floric	