

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000002883 (6)

1. Corporation Name

YOUTH ENTERPRISES, INC.

Principal Place of Business

5309 S. FLORISA AVE  
LAKELAND FL 33813  
US

Mailing Address

P.O. BOX 7047  
LAKELAND FL 33807  
US



3. Date Incorporated or Qualified  
06/01/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
95-6099028

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DARLENE F. PALMER  
4490 LAKELAND HIGHLANDS RD.  
LAKELAND FL 33813

81 Name

Change

82

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

416 Donald St.

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME GORDON, JAMES J  
STREET ADDRESS 622 DOUGLAS ST.  
CITY-ST-ZIP CHULA VISTA CA 91910 ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME SORENSON, DALE  
STREET ADDRESS 791 B WOODLAWN AVE.  
CITY-ST-ZIP CHULA VISTA CA 91910 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME GORDON, DIANE L  
STREET ADDRESS 622 DOUGLAS ST.  
CITY-ST-ZIP CHULA VISTA CA 91910 ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DC  
NAME GUERENA, PHIL REV  
STREET ADDRESS 9550 E. OAK ST.  
CITY-ST-ZIP BELLFLOWER CA 90706 ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD  
NAME WOODEN, ROY  
STREET ADDRESS 9550 E. OAK ST.  
CITY-ST-ZIP BELLFLOWER CA 90706 ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD  
NAME DARLENE F. PALMER  
STREET ADDRESS 4490 LAKELAND HIGHLANDS RD.  
CITY-ST-ZIP LAKELAND FL ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☒ Change ☐ Addition  
VPD  
DARLENE F. PALMER  
416 DONALD ST  
Lakeland, FL 33813

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:

*Darlene Palmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

Date

941-644-7234

Daytime Phone

CR2E037 (12/95)