FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:23

DOCUMENT # N08742 (1)

1. Corporation Name
ECKERD FAMILY YOUTH ALTERNATIVES, INC.

Principal Place of Business	Mailing Address
100 NORTH STARCREST P. O. BOX 7450 CLEARWATER FL 34618	100 NORTH STARCREST P. O. BOX 7450 CLEARWATER FL 34618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-2551416 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

~~ROSS, WILLIAM A., III~~
~~100 N.STARCREST~~
~~CLEARWATER FL 34625~~

10. Name and Address of New Registered Agent

81 Name: Merle E. Springer
82 Street Address (P.O. Box Number is Not Acceptable): 100 North Starcrest Drive
83
84 City: Clearwater FL 85 Zip Code: 34625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ January 20, 1995
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	TS	1.1 TITLE		☐ Change ☐ Addition
NAME	~~ROSS, WILLIAM A. III~~	1.2 NAME		
STREET ADDRESS	~~125 DEVON DRIVE~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~CLEARWATER BCH. FL~~	1.4 CITY-ST-ZIP		
TITLE	DC	2.1 TITLE		☐ Change ☐ Addition
NAME	ECKERD, JACK	2.2 NAME		
STREET ADDRESS	100 N. STARCREST DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LASSITER, ROSEMARY	3.2 NAME		
STREET ADDRESS	910 BARLEY DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE	3.4 CITY-ST-ZIP		
TITLE	DV	4.1 TITLE		☐ Change ☐ Addition
NAME	SMOUT, LES	4.2 NAME		
STREET ADDRESS	2378 ANTHONY AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HART, NANCY E.	5.2 NAME		
STREET ADDRESS	3927 FORSYTHE WAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE		☐ Change ☐ Addition
NAME	SPRINGER, MERLE E.	6.2 NAME		
STREET ADDRESS	3221 HIBISCUS DR.,E.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BELLEAIR BCH. FL	6.4 CITY-ST-ZIP		

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)(i), 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: _____ Merle E. Springer 1/20/95 (813) 461-2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010487