

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPRINGER, MERLE E.
100 NORTH STARCREST DRIVE
CLEARWATER FL 34625**

81 Name

Chuck Luthin

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 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)

11/31/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE
NAME **ECKERD, JACK**
STREET ADDRESS **100 N. STARCREST DR.**
CITY- ST- ZIP **CLEARWATER FL**

1.1 TITLE **D/C/P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **LASSITER, ROSEMARY**
STREET ADDRESS **910 BARLEY DR**
CITY- ST- ZIP **WILMINGTON DE**

2.1 TITLE **S/T** ☐ Change ☒ Addition
2.2 NAME **Chuck Luthin**
2.3 STREET ADDRESS **5808 Cruiser Way**
2.4 CITY- ST- ZIP **Tampa, FL 33615**

TITLE **DV** ☐ DELETE
NAME **SMOUT, LES**
STREET ADDRESS **2378 ANTHONY AVE**
CITY- ST- ZIP **CLEARWATER FL**

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

TITLE **D** ☐ DELETE
NAME **HART, NANCY E.**
STREET ADDRESS **3927 FORSYTHE WAY**
CITY- ST- ZIP **TALLAHASSEE FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **100 North Starcrest Drive**
4.4 CITY- ST- ZIP **Clearwater, FL 34625**

TITLE **P** ☒ DELETE
NAME **SPRINGER, MERLE E.**
STREET ADDRESS **3221 HIBISCUS DR., E.**
CITY- ST- ZIP **BELLEAIR BCH. FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Joe Clark**
6.3 STREET ADDRESS **100 North Starcrest Drive**
6.4 CITY- ST- ZIP **Clearwater, FL 34625**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-96 813/461-1524

CR2E037 (12/95)