

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **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 34618-7450**3. Date Incorporated or Qualified
04/16/19853a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

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**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

**LUTHIN, CHUCK
100 NORTH STARCREST DRIVE
CLEARWATER FL 34625**

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

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 ☐ DELETE
NAME **DCP**
STREET ADDRESS **ECKERD, JACK**
CITY-ST-ZIP **100 N. STARCREST DR.
CLEARWATER FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LASSITER, ROSEMARY**
CITY-ST-ZIP **910 BARLEY DR
WILMINGTON DE**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **SMOUT, LES**
CITY-ST-ZIP **2378 ANTHONY AVE
CLEARWATER FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HART, NANCY E.**
CITY-ST-ZIP **100 NORTH STARCREST DRIVE
CLEARWATER FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CLARK, JOE**
CITY-ST-ZIP **100 NORTH STARCREST DRIVE
CLEARWATER FL**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **LUTHIN, CHUCK**
CITY-ST-ZIP **5808 CRUISER WAY
TAMPA FL**6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/97

813 461 2990

Date

Daytime Phone # 0067060

CR2E037 (9/96)