

4-2-98 B 4111  
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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08742** (1)  
1. Corporation Name

**ECKERD FAMILY YOUTH ALTERNATIVES, INC.**

Principal Place of Business <b>100 NORTH STARCREST P. O. BOX 7450 CLEARWATER FL 34618</b>	Mailing Address <b>100 NORTH STARCREST P. O. BOX 7450 CLEARWATER FL 34618</b>
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3. Date Incorporated or Qualified

**04/16/1985**

4. FEI Number

**59-2551416**

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	<b>DCP</b>	<input type="checkbox"/> DELETE
NAME	<b>ECKERD, JACK</b>	
STREET ADDRESS	<b>100 N. STARCREST DR.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LASSITER, ROSEMARY</b>	
STREET ADDRESS	<b>910 BARLEY DR</b>	
CITY-ST-ZIP	<b>WILMINGTON DE</b>	

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SMOUT, LES</b>	
STREET ADDRESS	<b>2378 ANTHONY AVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HART, NANCY E.</b>	
STREET ADDRESS	<b>100 NORTH STARCREST DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARK, JOE</b>	
STREET ADDRESS	<b>100 NORTH STARCREST DRIVE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>LUTHIN, CHUCK</b>	
STREET ADDRESS	<b>5808 CRUISER WAY</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Eckerd, Jack</b>	
1.3 STREET ADDRESS	<b>100 N. Starcrest Dr.</b>	
1.4 CITY-ST-ZIP	<b>Clearwater, FL</b>	

2.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Mears, Gary</b>	
2.3 STREET ADDRESS	<b>137 Windward Island</b>	
2.4 CITY-ST-ZIP	<b>Clearwater, FL 34630</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

*Chuck Luthin*

3/30/98

213-461-2990

CR2E037 (10/97)