

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90098 020 ****61.25

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DOCUMENT # N08742

1. Corporation Name

ECKERD YOUTH ALTERNATIVES, INC.

Principal Place of Business

100 NORTH STARCREST
P. O. BOX 7450
CLEARWATER FL 34618

Mailing Address

100 NORTH STARCREST
P. O. BOX 7450
CLEARWATER FL 34618



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

04/16/1985

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

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 PC
NAME ECKERD, JACK
STREET ADDRESS 100 N. STARCREST DR.
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE D
NAME HART, NANCY E.
STREET ADDRESS 100 NORTH STARCREST DRIVE
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE D
NAME CLARK, JOE
STREET ADDRESS 100 NORTH STARCREST DRIVE
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE ST
NAME LUTHIN, CHUCK
STREET ADDRESS 5808 CRUISER WAY
CITY-ST-ZIP TAMPA FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Eckerd, Jack
1.3 STREET ADDRESS 100 N. Starcrest Dr
1.4 CITY-ST-ZIP Clearwater, FL

☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Rosemary Lassiter
2.3 STREET ADDRESS 910 N. Starcrest Dr
2.4 CITY-ST-ZIP Clearwater, FL

☐ Change ☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]*

1/12/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)