

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08742

FILED
Feb 26, 2004
Secretary of State**Entity Name:** ECKERD YOUTH ALTERNATIVES, INC.**Current Principal Place of Business:**100 NORTH STARCREST DRIVE
P. O. BOX 7450
CLEARWATER, FL 33758**New Principal Place of Business:****Current Mailing Address:**100 NORTH STARCREST DRIVE
P. O. BOX 7450
CLEARWATER, FL 33758**New Mailing Address:****FEI Number:** 59-2551416**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LUTHIN, CHARLES C
100 NORTH STARCREST DRIVE
CLEARWATER, FL 33765 US**Name and Address of New Registered Agent:**CASPER, SUSAN
100 NORTH STARCREST DRIVE
CLEARWATER, FL 33765 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN CASPER

02/26/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: ECKERD, JACK,
Address: 100 N. STARCREST DR.
City-St-Zip: CLEARWATER, FL**Title:** D () Delete
Name: LASSITER, ROSEMARY
Address: 910 BARLEY DR
City-St-Zip: WILMINGTON, DE**Title:** DV () Delete
Name: SMOUT, LES
Address: 2378 ANTHONY AVE
City-St-Zip: CLEARWATER, FL**Title:** D () Delete
Name: HART, NANCY E.,
Address: 100 NORTH STARCREST DRIVE
City-St-Zip: CLEARWATER, FL**Title:** D () Delete
Name: CLARK, JOE
Address: 100 NORTH STARCREST DRIVE
City-St-Zip: CLEARWATER, FL**Title:** D () Delete
Name: ECKERD, RUTH
Address: 100 N STARCREST DR
City-St-Zip: CLEARWATER, FL**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LES SMOUT

D

02/26/2004

Electronic Signature of Signing Officer or Director

Date