

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N08742 1. Entity Name ECKERD YOUTH ALTERNATIVES, INC.				 <div style="text-align: right; font-size: 1.2em; font-weight: bold;">FILED</div> <div style="text-align: right; font-size: 1.1em;">06 AUG 28 AM 7:39</div> <div style="text-align: right; font-size: 0.9em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>																																													
Principal Place of Business 100 NORTH STARCREST DRIVE P. O. BOX 7450 CLEARWATER, FL 33758			Mailing Address 100 NORTH STARCREST DRIVE P. O. BOX 7450 CLEARWATER, FL 33758																																														
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																														
City & State Zip Country			City & State Zip Country																																														
4. FEI Number 59-2551416			Applied For <input type="checkbox"/> Not Applicable																																														
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required																																														
6. Name and Address of Current Registered Agent CASPER, SUSAN 100 NORTH STARCREST DRIVE CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																													
8. 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. I am familiar with, and accept the obligations of registered agent.																																																	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																													
Make check payable to Florida Department of State																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">Delete <input checked="" type="checkbox"/></td> <td style="width: 55%;">NAME ECKERD, RUTH B STREET ADDRESS 100 N. STARCREST DR. CITY-ST-ZIP CLEARWATER, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> <td>NAME CLARK, JOSEPH W STREET ADDRESS 100 N STARCREST DR CITY-ST-ZIP CLEARWATER, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> <td>NAME HART, NANCY STREET ADDRESS 100 N STARCREST DRIVE CITY-ST-ZIP CLEARWATER, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> <td>NAME SWANN, JAMES T STREET ADDRESS 100 NORTH STARCREST DRIVE CITY-ST-ZIP CLEARWATER, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> <td>NAME WADDELL, KAREN V STREET ADDRESS 100 NORTH STARCREST DRIVE CITY-ST-ZIP CLEARWATER, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Delete <input type="checkbox"/></td> <td>NAME O'HERRON, KEN PRES STREET ADDRESS 100 N STARCREST DR CITY-ST-ZIP CLEARWATER, FL</td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width: 55%;">NAME Brown-Dunlap, Dr. Karen STREET ADDRESS 100 N. Starcrest Dr. CITY-ST-ZIP Clearwater, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME Cheek-Milby, Kathleen STREET ADDRESS 100 N. Starcrest Dr. CITY-ST-ZIP Clearwater, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME Turley, Stewart STREET ADDRESS 100 N. Starcrest Dr. CITY-ST-ZIP Clearwater, FL</td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> <td>NAME Ferrara, V. Raymond STREET ADDRESS 100 N. Starcrest Dr. CITY-ST-ZIP Clearwater, FL</td> </tr> <tr> <td colspan="4" style="text-align: center;"> 200079292272 08/30/06--01052--019 **70.00 </td> </tr> </table> </div> </div>						TITLE	D	Delete <input checked="" type="checkbox"/>	NAME ECKERD, RUTH B STREET ADDRESS 100 N. STARCREST DR. CITY-ST-ZIP CLEARWATER, FL	TITLE	D	Delete <input type="checkbox"/>	NAME CLARK, JOSEPH W STREET ADDRESS 100 N STARCREST DR CITY-ST-ZIP CLEARWATER, FL	TITLE	D	Delete <input type="checkbox"/>	NAME HART, NANCY STREET ADDRESS 100 N STARCREST DRIVE CITY-ST-ZIP CLEARWATER, FL	TITLE	D	Delete <input type="checkbox"/>	NAME SWANN, JAMES T STREET ADDRESS 100 NORTH STARCREST DRIVE CITY-ST-ZIP CLEARWATER, FL	TITLE	D	Delete <input type="checkbox"/>	NAME WADDELL, KAREN V STREET ADDRESS 100 NORTH STARCREST DRIVE CITY-ST-ZIP CLEARWATER, FL	TITLE	D	Delete <input type="checkbox"/>	NAME O'HERRON, KEN PRES STREET ADDRESS 100 N STARCREST DR CITY-ST-ZIP CLEARWATER, FL	TITLE	D	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME Brown-Dunlap, Dr. Karen STREET ADDRESS 100 N. Starcrest Dr. CITY-ST-ZIP Clearwater, FL	TITLE	D	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME Cheek-Milby, Kathleen STREET ADDRESS 100 N. Starcrest Dr. CITY-ST-ZIP Clearwater, FL	TITLE	D	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME Turley, Stewart STREET ADDRESS 100 N. Starcrest Dr. CITY-ST-ZIP Clearwater, FL	TITLE	D	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME Ferrara, V. Raymond STREET ADDRESS 100 N. Starcrest Dr. CITY-ST-ZIP Clearwater, FL	200079292272 08/30/06--01052--019 **70.00			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%; text-align: right;"> <div style="font-size: 1.5em; font-weight: bold;">8/17/06</div> <div style="font-size: 0.8em;">Date</div> <div style="font-size: 1.2em; font-weight: bold;">321 631 2022</div> <div style="font-size: 0.8em;">Daytime Phone #</div> </div> </div> <div style="text-align: right; margin-top: 10px; font-size: 1.5em; font-weight: bold;">X 8/29</div>																																																	