

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1995**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N22897

(5)

1. Corporation Name

FIVE STAR YOUTH CLUB, INC.

Principal Place of Business

Mailing Address

**3 WEST MAGNOLIA
 ARCADIA FL 33821**

**3 WEST MAGNOLIA
 ARCADIA FL 33821**

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

25

29

30

9. Name and Address of Current Registered Agent

**TUCKER, JACQUELINE W.
 3 WEST MAGNOLIA
 ARCADIA FL 33821**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/08/1987

04/29/1994

4. FEI Number

65-0009077

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**

7. Nonprofit with IRS 501(c)(3)
 Tax Exempt Status

☒

**FILING FEE IS
 \$61.25**

8. This corporation has liability for intangible tax under s. 199.032,
 Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

Jacqueline W. Tucker

6/1/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TUCKER, JACQUELINE W.
STREET ADDRESS	3 WEST MAGNOLIA
CITY, ST, ZIP	ARCADIA FL 33821
TITLE	VT
NAME	HUGHES, TROY L.
STREET ADDRESS	3 WEST MAGNOLIA
CITY, ST, ZIP	ARCADIA FL 33821
TITLE	SD
NAME	ROLLINS, RANDY
STREET ADDRESS	7340 ALLEN DRIVE
CITY, ST, ZIP	HOLLYWOOD FL 33024
TITLE	TD
NAME	BARE, JANICE
STREET ADDRESS	510 E. MELROSE CIRCLE
CITY, ST, ZIP	FT LAUDERDALE FL 33312
TITLE	FT
NAME	SYM, DENNIS
STREET ADDRESS	4300 S.W. 70 TERRACE
CITY, ST, ZIP	DAVE FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
11 TITLE	Same
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	VT Kenneth W. Stone
23 STREET ADDRESS	Rt. 4 Box 82
24 CITY, ST, ZIP	ARCADIA, FLA. 33821
31 TITLE	☒ Change ☐ Addition
32 NAME	SD Angie Kelley
33 STREET ADDRESS	110 W. Osceola
34 CITY, ST, ZIP	CLERMONT, FLA. 33440
41 TITLE	☐ Change ☐ Addition
42 NAME	Same
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	Same
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

7/20/95

\$ Deposited by Bank

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(2)(B), 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 attached worksheet.

SIGNATURE:

Jacqueline W. Tucker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacqueline W. Tucker

6/1/95 993-0082