

**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

3. Date Incorporated or Qualified <b>10/08/1987</b>		3a. Date of Last Report <b>07/20/1995</b>	
4. FEI Number <b>65-0009077</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes			
		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
<b>21</b>		<b>26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>22</b>		<b>27</b>	
City & State		City & State	
<b>23</b>		<b>28</b>	
Zip	Country	Zip	Country
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent

TUCKER, JACQUELINE W.  
3 WEST MAGNOLIA  
ARCADIA FL 33821

**10. Name and Address of New Registered Agent**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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)

5/3/90

12.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TUCKER, JACQUELINE W. 3 WEST MAGNOLIA ARCADIA FL 33821	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT STONE, KENNETH W. RT. 4 BOX 82 ARCADIA FL 33821	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KELLEY, ANGIE 110 W. OSCEOLA CLEWISTON FL 33440	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARE, JANICE 510 E. MELROSE CIRCLE FT LAUDERDALE FL 33312	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SYM, DENNIS 4300 S.W. 70 TERRACE DAVE FL 33314	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	3943 N.W. North Road		
2.4 CITY - ST - ZIP	Arcadia, Florida 33821		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	800001884278		
3.3 STREET ADDRESS	-07/03/96--01108--036		
3.4 CITY - ST - ZIP	***70.50		
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	HUGHES, TROY		
4.3 STREET ADDRESS	7340 Allen Drive		
4.4 CITY - ST - ZIP	Hollywood, Florida 33024		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	CAROLYN SMITH		
5.3 STREET ADDRESS	11801 S.W. 47 Ct.		
5.4 CITY - ST - ZIP	Cooper City, Florida 33330		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-941 993-0083

Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

CR2E037 (3/96)