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FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

3 WEST MAGNOLIA
ARCADIA FL 33821

Mailing Address

3 WEST MAGNOLIA
ARCADIA FL 34266-3931

3. Date Incorporated or Qualified

10/08/1987

3a. Date of Last Report

07/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34266

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

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

FL

85 Zip Code

34266

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
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TUCKER, JACQUELINE W.
STREET ADDRESS 3 WEST MAGNOLIA
CITY-ST-ZIP ARCADIA FL 33821

DELETE

TITLE VT
NAME STONE, KENNETH W.
STREET ADDRESS 3943 N.W. NORTH ROAD
CITY-ST-ZIP ARCADIA FL 33821

DELETE

TITLE SD
NAME KELLEY, ANGIE
STREET ADDRESS 110 W. OSCEOLA
CITY-ST-ZIP CLEWISTON FL 33440

DELETE

TITLE TD
NAME HUGHES, TROY
STREET ADDRESS 7340 ALLEN DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33024

DELETE

TITLE T
NAME SMITH, CAROLYN
STREET ADDRESS 11801 S.W. 47 CT
CITY-ST-ZIP COOPER CITY FL 33330

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Same

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Same

new zip 34266

Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

new zip 34266

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

Constance L. Weekly
902 W. W. 133 Ave.
Sunrise, Fla. 33325

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone # 0063956

4/20/97 1-941-993-0083

CR2E037 (9/96)