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Feb 05 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 3 WEST MAGNOLIA
ARCADIA FL 34268 ARCADIA FL 33821
US

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

3. Date Incorporated or Qualified
10/08/1987
4. FEI Number
65-0009077
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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TUCKER, JACQUELINE W.
3 WEST MAGNOLIA
ARCADIA FL 34268

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 *Jacqueline W. Tucker* 1/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME TUCKER, JACQUELINE W.
STREET ADDRESS 3 WEST MAGNOLIA
CITY-ST-ZIP ARCADIA FL
TITLE VT ☐ DELETE
NAME STONE, KENNETH W.
STREET ADDRESS 3943 N.W. NORTH ROAD
CITY-ST-ZIP ARCADIA FL
TITLE SD ☐ DELETE
NAME KELLEY, ANGIE
STREET ADDRESS 110 W. OSCEOLA
CITY-ST-ZIP CLEWISTON FL 33440
TITLE TD ☐ DELETE
NAME HUGHES, TROY
STREET ADDRESS 7340 ALLEN DRIVE
CITY-ST-ZIP HOLLYWOOD FL 33024
TITLE T ☐ DELETE
NAME WEEKLEY, CONSTANCE L
STREET ADDRESS 902 N.W. 133 AVE.
CITY-ST-ZIP SUNRISE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 *Jacqueline W. Tucker* 1/28/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

CP2E037 (10/97)