

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE
		Secretary: B. Mortimer
		Sanitary: J. State

DOCUMENT # N28703 (9)

1. Corporation Name:
CARVER ESTATES YOUTH PROGRAM INC.

Principal Place of Business: C/O CARMELITA SMITH 770 SW 12 TERRACE DELRAY BEACH FL 33444	Mailing Address: 770 SW 12 TERRACE 140 EAST FACINETTO PARK ROAD-4625 DELRAY BEACH FL 33444 US
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2. Principal Place of Business: 21	2a. Mailing Address: 26 770 SW 12 TERRACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State DELRAY Bch
24 Zip	25 Zip 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2421317	Applied For: ☐ Yes ☒ Not Applicable
5. Certificate of Status Ordered: ☒ Yes ☐ No	\$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: ☒ Yes ☐ No	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SMITH CARMELITE
770 SW. 12 TERRACE
DELRAY FL 33444

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 607.0602 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
12.1 NAME: D ROLLE ROSETTA	13.1 NAME:	☐ Change	☐ Addition
12.2 STREET ADDRESS: 301 NW 3RD AVE.	13.2 NAME:		
12.3 CITY, ST, ZIP: DELRAY BCH, FL 33444	13.3 STREET ADDRESS:		
12.4 TITLE: DS	13.4 CITY, ST, ZIP:	☐ Change	☐ Addition
12.5 NAME: MITHCELL-GREEN, ANN	13.5 NAME:		
12.6 STREET ADDRESS: 1101 NW 2 ST.,	13.6 STREET ADDRESS:		
12.7 CITY, ST, ZIP: DELRAY FL	13.7 CITY, ST, ZIP:	☐ Change	☐ Addition
12.8 TITLE: DT	13.8 NAME:		
12.9 NAME: BOWLEG, VERONICA	13.9 STREET ADDRESS:		
12.10 STREET ADDRESS: 770 SW 12 TERRACE	13.10 CITY, ST, ZIP:	☐ Change	☐ Addition
12.11 CITY, ST, ZIP: DELRAY FL	13.11 NAME:		
12.12 TITLE: VD	13.12 STREET ADDRESS:		
12.13 NAME: ANDREWS GEORGE	13.13 CITY, ST, ZIP:	☐ Change	☐ Addition
12.14 STREET ADDRESS: 3900 JOG RD.	13.14 NAME:		
12.15 CITY, ST, ZIP: BOCA RATON FL 33434	13.15 STREET ADDRESS:		
12.16 TITLE:	13.16 CITY, ST, ZIP:	☐ Change	☐ Addition
12.17 NAME:	13.17 NAME:		
12.18 STREET ADDRESS:	13.18 STREET ADDRESS:		
12.19 CITY, ST, ZIP:	13.19 CITY, ST, ZIP:	☐ Change	☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information was used for the annual report or supplemental annual report as 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 liquidator 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 my address.

SIGNATURE: *Rosetta Rolle* *Rosetta Rolle* *4/27/95 407-276-7680*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR