

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
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 # **N46048**

(7)

1. Corporation Name

**YOUTH OF AMERICA INC.**



Principal Place of Business

Mailing Address

**5524 NW 7 AVE  
MIAMI FL 33127  
US**

**P.O. BOX 510374  
MIAMI FL 33151**

3. Date Incorporated or Qualified

**11/15/1991**

3a. Date of Last Report

**07/28/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** **5524 NW 7 AVENUE**

**22** City & State

**27** City & State  
**MIAMI, FL.**

**23** Zip

Country

**24** Zip

**25** **33127**

Country

**29** **DADE**

4. FEI Number

**65-0302877**

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

10. Name and Address of New Registered Agent

**HARDEMON, WALTER  
15718 N.W. 7TH AVENUE  
MIAMI FL 33169**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Walter Hardeemon* **7/24/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARDEMON, WALTER	
STREET ADDRESS	15718 N.W. 7TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DALLEMAND, LESLIE	
STREET ADDRESS	41 N.E. 161 ST.	
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROOKINS, DEBRA	
STREET ADDRESS	18711 N.W. 23 COURT	
CITY - ST - ZIP	MIAMI FL 33055	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ELIAS, MARC	
STREET ADDRESS	1000 N.W. 62ND STREET	
CITY - ST - ZIP	MIAMI FL 33150	
TITLE	SAD	<input type="checkbox"/> DELETE
NAME	FINNIE, GENE	
STREET ADDRESS	1053 NW 85TH STREET	
CITY - ST - ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEON LEONARD	
1.3 STREET ADDRESS	3566 CHARLES AVENUE	
1.4 CITY - ST - ZIP	MIAMI, FL. 33130	
2.1 TITLE	MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARVEY NARIN	
2.3 STREET ADDRESS	30 NE 139 St.	
2.4 CITY - ST - ZIP	MIAMI, FL. 33161	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GENE FINNIE	
4.3 STREET ADDRESS	1053 NW 85 St.	
4.4 CITY - ST - ZIP	MIAMI, FL. 33150	
5.1 TITLE	SAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	APRIL ROLLE HARDEMON	
5.3 STREET ADDRESS	655 NW 48 St.	
5.4 CITY - ST - ZIP	MIAMI, FL. 33127	
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

*Walter Hardeemon* **WALTER HARDEMON**

Date

**7/24/96**

Daytime Phone #

0008704

CR2E037 (3/96)