

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90010 024 ****70.00

DOCUMENT # **N46048** (7)

1. Corporation Name

Youth of America Incorporated

Principal Place of Business

**6102 NW 7th Avenue
Miami, FL. 33127
US**

Mailing Address

**6102 NW 7th Avenue
Miami, FL. 33127
US**

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/15/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-030-2877

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Walter Hardemon
655 NW 48 Street
MIAMI, FL. 33127**

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 *Walter Hardemon*

(NOTE: Registered Agent signature required when reinstating)

6/10/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **Billy Hardemon**

STREET ADDRESS **655 NW 48 Street**

CITY-ST-ZIP **Miami, FL. 33127**

TITLE **VD** ☐ DELETE

NAME **Leslie Dallemand**

STREET ADDRESS **41 NW 161 Street**

CITY-ST-ZIP **Miami, FL. 33162**

TITLE **SD** ☐ DELETE

NAME **James McCray**

STREET ADDRESS **18710 NW 42 Avenue**

CITY-ST-ZIP **Miami, FL. 33055**

TITLE **T** ☒ DELETE

NAME **Gene Finnie**

STREET ADDRESS **1053 NW. 85 Street**

CITY-ST-ZIP **Miami, FL. 33150**

TITLE **SAD** ☒ DELETE

NAME **APRIL HARDEMON**

STREET ADDRESS **655 NW 48 STREET**

CITY-ST-ZIP **MIAMI, FL. 33127**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE **PD**

1.2 NAME **GENE FINNIE**

1.3 STREET ADDRESS **1053 NW 85th STREET**

1.4 CITY-ST-ZIP **MIAMI, FL. ##18)**

2.1 TITLE **T**

2.2 NAME **APRIL HARDEMON**

2.3 STREET ADDRESS **655 NW 48th STREET**

2.4 CITY-ST-ZIP **MIAMI, FL 33127**

3.1 TITLE **SAD**

3.2 NAME **WILLIE WILLIAMS**

3.3 STREET ADDRESS **1501 NW 55 th STREET**

3.4 CITY-ST-ZIP **MIAMI, FL. 33150**

4.1 TITLE **G**

4.2 NAME **GARTH REEVES**

4.3 STREET ADDRESS **90 NW 54th STREET**

4.4 CITY-ST-ZIP **MIAMI, FL. 33148**

5.1 TITLE

5.2 NAME **MARC ELIAS**

5.3 STREET ADDRESS **15718 NW 7th AVENUE**

5.4 CITY-ST-ZIP **MIAMI, FL. 33169**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Walter Hardemon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/99 (305) 257-8555

Date

Daytime Phone #

CR2E037 (11/98)