SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:25

DOCUMENT # **N47516** (2)

1. Corporation Name
LIVE YOUR DREAM FOUNDATION, INC.

Principal Place of Business	Mailing Address
226 SOUTH PALAFOX PLACE PENSACOLA FL 32501	226 SOUTH PALAFOX ST PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1992
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3107428 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 316 S. Baylen St	26 316 S. Baylen St.
Suite, Apt. #, etc. 22 4th Floor	Suite, Apt. #, etc. 27 4th Floor
City & State 23 Pensacola FL	City & State 28 Pensacola FL
Zip / Country 24 32501 / 25	Zip / Country 29 32501 / 30

9. Name and Address of Current Registered Agent

LEVIN, MARTIN H.
226 SOUTH PALAFOX PLACE
PENSACOLO FL 32501

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LEVIN, MARTIN H	12 NAME	
STREET ADDRESS	226 S. PALAFOX ST	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LEVIN, MARTIN H	22 NAME	
STREET ADDRESS	226 S PALAFOX ST	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LOGAN FLACK	32 NAME	
STREET ADDRESS	226 SOUTH PALAFOX ST	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	LOGAN FLACK	42 NAME	
STREET ADDRESS	226 S. PALAFOX ST	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PAPANTONIO MICHAEL	52 NAME	
STREET ADDRESS	226 S PALAFOX PLACE	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: _____ 6-10-95 (904) 435-7116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016220