

* **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

FILED
Jun 20 1996 8:00 am
Secretary of State

DOCUMENT # N47516 (2)

1. Corporation Name

LIVE YOUR DREAM FOUNDATION, INC.



Principal Place of Business
**316 S BAYLER ST
4TH FLOOR
PENSACOLA FL 32501
US**

Mailing Address
**316 S BAYLER ST
4TH FLOOR
PENSACOLA FL 32501
US**

3. Date Incorporated or Qualified **02/24/1992** 3a. Date of Last Report **06/16/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**LEVIN, MARTIN H.
226 SOUTH PALAFOX PLACE
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
316 South Baylen Street
83 Suite 600
84 City **Pensacola** FL 85 Zip Code **32501**

11. Pursuant to the provisions of Sections 617.0902 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	LEVIN, MARTIN H	226 S. PALAFOX ST	PENSACOLA FL	<input type="checkbox"/>
VP	LEVIN, MARTIN H	226 S PALAFOX ST	PENSACOLA FL	<input type="checkbox"/>
SD	LOGAN FLACK	226 SOUTH PALAFOX ST	PENSACOLA FL	<input type="checkbox"/>
T	LOGAN FLACK	226 S. PALAFOX ST	PENSACOLA FL	<input type="checkbox"/>
D	PAPANTONIO MICHAEL	226 S PALAFOX PLACE	PENSACOLA FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		316 South Baylen Street, Suite 600	Pensacola, FL 32501	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		316 South Baylen Street, Suite 600	Pensacola, FL 32501	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
		316 South Baylen Street, Suite 600	Pensacola, FL 32501	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
		316 South Baylen Street, Suite 600	Pensacola, FL 32501	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
		316 South Baylen Street, Suite 600	Pensacola, FL 32501	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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

6/14/96

Date

(904) 435-7116

Daytime Phone #

0017238

CR2E037 (3/96)