


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N47516 (2) 1. Corporation Name LIVE YOUR DREAM FOUNDATION, INC.					
Principal Place of Business 316 S BAYLEN ST 4TH FLOOR 6TH FLOOR PENSACOLA FL 32501 US		Mailing Address 316 S BAYLEN ST 4TH FLOOR 6TH FLOOR PENSACOLA FL 32501 US			
2. Principal Place of Business 21 316 S. Baylen St 6th Fl		2a. Mailing Address 26 316 S. Baylen St 6th Fl		3. Date Incorporated or Qualified 02/24/1992	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3107428	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEVIN, MARTIN H. 316 SOUTH BAYLEN STREET, SUITE 600 PENSACOLA 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 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	PD	<input type="checkbox"/> DELETE			
NAME	LEVIN, MARTIN H				
STREET ADDRESS	316 SOUTH BAYLEN STREET, SUITE 600				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	LEVIN, MARTIN H				
STREET ADDRESS	316 SOUTH BAYLEN STREET, SUITE 600				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	LOGAN FLACK				
STREET ADDRESS	316 SOUTH BAYLEN STREET, SUITE 600				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	LOGAN FLACK				
STREET ADDRESS	316 SOUTH BAYLEN STREET, SUITE 600				
CITY-ST-ZIP	PENSACOLA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PAPANTONIO MICHAEL				
STREET ADDRESS	316 SOUTH BAYLEN STREET, SUITE 600				
CITY-ST-ZIP	PENSACOLA FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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, changed, or on an attachment with an address.					
SIGNATURE: 1/29/98					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (10/97)