

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90015 010 ****61.25

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DOCUMENT # N48454					
1. Entity Name YOUTH INVESTMENT SHARES, INC.					
Principal Place of Business 5200 BRITTANY DR S #1103 ST PETERSBURG, FL 33715			Mailing Address 5200 BRITTANY DR S #1103 ST PETERSBURG, FL 33715		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7259853	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCKELVEY T BRUCE 5200 BRITTANY DR S #1103 ST PETERSBURG, FL 33715			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDWIN, JANE 922 39TH AVE NE SAINT PETERSBURG, FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURPHY, SR., LOUIS M 955 20TH ST SOUTH SAINT PETERSBURG, FL 33712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWANSON, CATHY P UNITED BANK-333 3RD AVE. NO. SAINT PETERSBURG, FL 33701	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD BOYLE, SCOTT C 2055 HAWAII AVE NE SAINT PETERSBURG, FL 33703	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVARO, WILLIAM 645 CENTRAL AVE ST PETERSBURG, FL 33701 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKELVEY, T. BRUCE 5200 BRITTANY DR. SO APT. 1103 ST. PETERSBURG, FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KARNAVICIUS, AL BAYPRINT-1101 1ST AVE SO. SAINT PETERSBURG, FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>T. Bruce McKelvey</u> <u>SECRETARY</u> 1/7/2005 6956 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					