

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 01, 1999 8:00 am
Secretary of State

09-01-1999 90001 019 ****61.25

DOCUMENT # N50638

1. Corporation Name

OMEGA YOUTH AND DEVELOPMENT FOUNDATION, INC.

Principal Place of Business

2020 WINDWOOD LN
LAKELAND FL 33813
US

Mailing Address

P O BOX 91492
LAKELAND FL 33804
US

6 612217-90001-19 7 *



2. Principal Place of Business

21 2614 Lakeland Hills Blw

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4

City & State

23 Lakeland, FL

Zip

24 33805

Country

25 US

Zip

29

Country

30

3. Date Incorporated or Qualified

08/28/1992

4. FEI Number

51-0223895

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

9. Name and Address of Current Registered Agent

JOHNSON, HERMAN
2020 WINDWOOD LN
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

33800

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 date if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CARPENTER, MCARTHUR
STREET ADDRESS 1339 ROBERT KING HIGH DR
CITY-ST-ZIP LAKELAND FL 33805

TITLE VD ☐ DELETE

NAME LONGWORTH, LEO
STREET ADDRESS 1395 E MAGNOLIA ST
CITY-ST-ZIP BARTOW FL 33830

TITLE TD ☐ DELETE

NAME HARPER, BOBBY
STREET ADDRESS 1100 LOWRY AVE, #65
CITY-ST-ZIP LAKELAND FL 33801

TITLE SD ☐ DELETE

NAME CORBETT, JEROME
STREET ADDRESS 1100 LOWRY AV #65
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Johnson, Herman D. Jr

1.3 STREET ADDRESS 1016 Heartland Cir

1.4 CITY-ST-ZIP Mulberry, FL 33800

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)