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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N92000000778 (2)

1. Corporation Name

YOUTH AND FAMILY DEVELOPMENTAL CORE, INC.



Principal Place of Business

Mailing Address

CAPITAL BANK BUILDING  
3550 BISCAYNE BLVD., STE. 501  
MIAMI FL 33137

CAPITAL BANK BUILDING  
3550 BISCAYNE BLVD., STE. 501  
MIAMI FL 33137-3855

3. Date Incorporated or Qualified  
12/14/1992

3a. Date of Last Report  
08/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0384836

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, LORENZO  
CAPITAL BANK BUILDING  
3550 BISCAYNE BLVD., STE. 501  
MIAMI FL 33137

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 rechartering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME JOHNSON, LORENZO  
STREET ADDRESS 3550 BISCAYNE BLVD., SUITE 501  
CITY-STATE-ZIP MIAMI FL 33137 ☐ DELETE

1.1 TITLE D  
1.2 NAME JOHNSON Jr, LORENZO  
1.3 STREET ADDRESS 2365 NW 180 Terr  
1.4 CITY-STATE-ZIP MIAMI FLA 33056 ☐ Change ☒ Addition

TITLE D  
NAME PINDER, BILL  
STREET ADDRESS 2365 NW 180 TERRACE  
CITY-STATE-ZIP MIAMI FL 33055 ☒ DELETE

2.1 TITLE D  
2.2 NAME CLARK, SHARON  
2.3 STREET ADDRESS 6312 SW 24 ST  
2.4 CITY-STATE-ZIP MIRAMAR FLA 33023 ☐ Change ☒ Addition

TITLE D  
NAME WYATT, BELITA  
STREET ADDRESS 6790 NW 186 STREET, #303  
CITY-STATE-ZIP MIAMI FL 33015 ☒ DELETE

3.1 TITLE  
3.2 NAME 200002307072--3  
3.3 STREET ADDRESS -09/29/97--01192--019  
3.4 CITY-STATE-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

14. I do 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, unchanged, or on an attachment with an address.

CR2E037 (9/96)