


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000778 (2)
 1. Corporation Name
YOUTH AND FAMILY DEVELOPMENTAL CORE, INC.



Principal Place of Business CAPITAL BANK BUILDING 3550 BISCAYNE BLVD., STE. 501 MIAMI FL 33137	Mailing Address CAPITAL BANK BUILDING 3550 BISCAYNE BLVD., STE. 501 MIAMI FL 33137
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3. Date Incorporated or Qualified 12/14/1992	
4. FEI Number 65-0384836	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
JOHNSON, LORENZO
CAPITAL BANK BUILDING
3550 BISCAYNE BLVD., STE. 501
MIAMI FL 33137

10. Name and Address of New Registered Agent
 81 Name **Johnson, Lorenzo**
 82 Street Address (P.O. Box Number is Not Acceptable) **1444 Bisc. Blvd # 240**
 83 **MIA FLA 33132**
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LORENZO	1.2 NAME	
STREET ADDRESS	3550 BISCAYNE BLVD., SUITE 501	1.3 STREET ADDRESS	1444 Bisc. Blvd 240
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	MIA FLA 33132
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LORENZO JR	2.2 NAME	
STREET ADDRESS	2385 NW 180 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, SHARON	3.2 NAME	800002666358
STREET ADDRESS	6312 SW 24 ST	3.3 STREET ADDRESS	-10/19/98-01016-005
CITY-ST-ZIP	MIRAMAR FL 33023	3.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: _____ Date: **Sept 25, 1998** Daytime Phone #: **(305) 573-7913**

CR2E037 (5/98)