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FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000000536 (2)

1. Corporation Name

COMMUNITY PARTNERS WITH YOUTH, INC.



Principal Place of Business

Mailing Address

501 1ST AVE N  
621  
ST PETERSBURG FL 33701  
US

501 1ST AVE N  
SUITE 621  
ST PETERBURG FL 33701-3726  
US

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

3. Date Incorporated or Qualified  
01/24/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-3219894

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

ELLIS, THERESA L  
6455 4TH AVENUE NORTH  
ST. PETERSBURG FL 33710

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  
NAME ELLIS, THERESA MSW  
STREET ADDRESS 6455 4TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETE

TITLE TD  
NAME SELLERS, JOAN  
STREET ADDRESS 6900 16TH AVE N  
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

TITLE SD  
NAME DEARBORN, LINDA  
STREET ADDRESS 5711 21 AVE S  
CITY-ST-ZIP GULFPORT FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 TD  
1.2 NAME LENN NEFF  
1.3 STREET ADDRESS 3042 8th ST. N.  
1.4 CITY-ST-ZIP ST. Petersburg FL 33704 ☐ Change ☒ Addition

2.1 TITLE MD  
2.2 NAME LINDA MAYBERRY  
2.3 STREET ADDRESS 2728 18th AVE N  
2.4 CITY-ST-ZIP ST. Petersburg FL 33713 ☐ Change ☒ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS

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 if changed, or on an attachment with an address.

SIGNATURE *[Signature]*

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