FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE ***61.25

DOCUMENT # N99000002160

1. Corporation Name

Youth Ventures, Inc

Principal Place of Business	Mailing Address
630 West Brevard Street Tallahassee, Florida 32304	P.O. Box 10803 Tallahassee, Fla 32302

3. Date Incorporated or Qualified: 5/2/94	3a. Date of Last Report: N/A
4. FEI Number: 59-3244441	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 630 West Brevard Street	26 P.O. Box 10803
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tallahassee, Florida	28 City & State: Tallahassee, Florida
24 Zip: 32304 25 County: Leon	29 Zip: 32302 30 County: Leon

9. Name and Address of Current Registered Agent

Phillip M. Jackson,
3256 Black Gold Trail
Tallahassee, Fla 32308

10. Name and Address of New Registered Agent

81 Name: Phillip M. Jackson
82 Street Address (P.O. Box Number is Not Acceptable): 3256 Black Gold Trail
83
84 City: Tallahassee, FL 85 Zip Code: 32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Phillip M. Jackson May 1, 1995
(If changed, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		11 TITLE	C	☒ Change ☐ Addition
NAME		12 NAME	Phillip M. Jackson	
STREET ADDRESS		13 STREET ADDRESS	3256 Black Gold Trail	
CITY ST ZIP		14 CITY-ST-ZIP	Tallahassee, Florida 32308	
TITLE		21 TITLE	S	☐ Change ☒ Addition
NAME		22 NAME	Vivian Pope	
STREET ADDRESS		23 STREET ADDRESS	P.O. Box 893	
CITY ST ZIP		24 CITY-ST-ZIP	Tallahassee, Florida 32304	
TITLE		31 TITLE	T	☒ Change ☐ Addition
NAME		32 NAME	Charles Anderson	
STREET ADDRESS		33 STREET ADDRESS	6567 Montagna Trail	
CITY ST ZIP		34 CITY ST ZIP	Tallahassee, Florida 32309	
TITLE		41 TITLE	D	☐ Change ☐ Addition
NAME		42 NAME	Eric Whitehead	
STREET ADDRESS		43 STREET ADDRESS	P.O. Box 10611	
CITY ST ZIP		44 CITY ST ZIP	Tallahassee, Fla 32302	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Denton Dicken	
STREET ADDRESS		53 STREET ADDRESS	545 East 7th Ave, Apt 708	
CITY ST ZIP		54 CITY ST ZIP	Tallahassee, Fla 32301	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Barney Young	
STREET ADDRESS		63 STREET ADDRESS	3100 West Tennessee Street	
CITY ST ZIP		64 CITY-ST ZIP	Tallahassee, Fla 32304	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] Phillip M. Jackson May 1, 1995 (904) 224-2528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #