

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000002160 (9)

1. Corporation Name

YOUTHVENTURES, INC.



Principal Place of Business

Mailing Address

630 WEST BREVARD STREET  
TALLAHASSEE FL 32304

P.O. BOX 10803  
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified

05/02/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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4. FEI Number

59-3244441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

JACKSON, PHILLIP M

8250 BLACK GOLD TRAIL  
TALLAHASSEE FL 32308

2625 NW 110th Street  
Miami, FL 33167

81 Name

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

83

84 City

Miami

FL

85

Zip Code

33167

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

*Phillip M Jackson*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/6/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

S

POPE, VIVIAN

STREET ADDRESS

P.O. BOX 893 NA

CITY-ST-ZIP

TALLAHASSEE FL 32304

TITLE

NAME

C

JACKSON, PHILLIP M

STREET ADDRESS

3256 BLACK GOLD TRAIL

CITY-ST-ZIP

TALLAHASSEE FL 32308

TITLE

NAME

T

ANDERSON, CHARLES

STREET ADDRESS

6567 MONTIROS A TRAIL

CITY-ST-ZIP

TALLAHASSEE FL 32304

TITLE

NAME

D

WHITEHEAD, ERIC

STREET ADDRESS

P.O. BOX 10611 N/A

CITY-ST-ZIP

TALLAHASSEE FL 32302

TITLE

NAME

D

DICKEN, DEXTER

STREET ADDRESS

545 EAST 7TH AVE APT. 301

CITY-ST-ZIP

TALLAHASSEE FL 32301

TITLE

NAME

D

YOUNG, BARRY

STREET ADDRESS

3108 WEST TENNESSEE STREET

CITY-ST-ZIP

TALLAHASSEE FL 32304

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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)(k), 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 1 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*Phillip M Jackson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96  
Date

(305) 688-0248  
Daytime Phone #

5-15-96

CR2E037 (12/95)