

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



OFFICE OF THE SECRETARY OF STATE  
JANUARY 15, 1996  
TALLAHASSEE, FLORIDA 32399-0001

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OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YOUTH IN ACTION INC.

Principal Place of Business

Mailing Address

4090 N.W. 24TH TERRACE  
BOCA RATON FL 33431

4090 N.W. 24TH TERRACE  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Outdated

3a. Date of Last Report

06/28/1994

4. FLE Number

65-0543907

Applied For

Not Applicable

2. Physical Place of Business

2a. Mailing Address

21 8158 Mizner Lane

26 8158 Mizner Lane

22 Suite Apt # etc

27 Suite Apt # etc

23 City & State

28 City & State

Boca Raton

Boca Raton

24 Zip 33433

25 Country

USA

29 Zip 33433

30 Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contributions

☐

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANSEN, MARK H  
4090 N.W. 24TH TERRACE  
BOCA RATON FL 33431

81 Name

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

83

84 City

Boca Raton

FL

85 Zip Code  
33433

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

Mark Hansen

4/23

12. OFFICERS AND DIRECTORS

|                      |                         |
|----------------------|-------------------------|
| 12.1 TITLE           | D                       |
| 12.2 NAME            | HANSEN, MARK            |
| 12.3 STREET ADDRESS  | 4090 N.W. 24TH TERRACE  |
| 12.4 CITY, ST, ZIP   | BOCA RATON FL 33431     |
| 12.5 TITLE           | D                       |
| 12.6 NAME            | REMEDIO, JOE            |
| 12.7 STREET ADDRESS  | 4090 N.W. 24TH TERRACE  |
| 12.8 CITY, ST, ZIP   | BOCA RATON FL 33431     |
| 12.9 TITLE           | D                       |
| 12.10 NAME           | GIBSON, CHRIS           |
| 12.11 STREET ADDRESS | 17554 WAGON WHEEL DRIVE |
| 12.12 CITY, ST, ZIP  | BOCA RATON FL 33496     |
| 12.13 TITLE          |                         |
| 12.14 NAME           |                         |
| 12.15 STREET ADDRESS |                         |
| 12.16 CITY, ST, ZIP  |                         |
| 12.17 TITLE          |                         |
| 12.18 NAME           |                         |
| 12.19 STREET ADDRESS |                         |
| 12.20 CITY, ST, ZIP  |                         |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 13.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |                                                                   |
| 13.3 STREET ADDRESS  |                                                                   |
| 13.4 CITY, ST, ZIP   |                                                                   |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |                                                                   |
| 13.7 STREET ADDRESS  |                                                                   |
| 13.8 CITY, ST, ZIP   |                                                                   |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |                                                                   |
| 13.11 STREET ADDRESS |                                                                   |
| 13.12 CITY, ST, ZIP  |                                                                   |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |                                                                   |
| 13.15 STREET ADDRESS |                                                                   |
| 13.16 CITY, ST, ZIP  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true, and equally for the corporation stated in Sections 119.07(6)(b), Florida Statutes. I further certify that the information reflected 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 person or persons empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE:

Mark Hansen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23

407-477-2580