

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

FILED  
Aug 20 1998 8:00am  
Secretary of State

DOCUMENT # **N94000006070 (6)**

1. Corporation Name

**STRAIGHT UP PROGRAM, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 8766  
WEST PALM BEACH FL 33407

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WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified

**12/12/1994**

4. FEI Number

**65-0516636**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

City & State

**23**

Zip

**24**

Country

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

**28**

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**SPENCE, WELCOME JR**  
**611 20TH STREET**  
**WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

**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

*WELCOME SPENCE JR*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

**8/7/98**

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☐ DELETE

NAME **SPENCE, SARAH J.**

STREET ADDRESS **611 20TH STREET**

CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☒ DELETE

NAME **BELL, TOMMY**

STREET ADDRESS **570 W. 37TH STREET**

CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **D** ☐ DELETE

NAME **REYNOLDS, CHARLES**

STREET ADDRESS **703 SUNNYPINE WAY B-3**

CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☐ DELETE

NAME **HODGES, BETTYE A**

STREET ADDRESS **817 AVENUE 'S'**

CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **D** ☐ DELETE

NAME **BATTLE, IONA**

STREET ADDRESS **609 20TH STREET**

CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **D** ☒ DELETE

NAME **DEYOUNKS, AARON**

STREET ADDRESS **5927 ITHACA CIRCLE WEST**

CITY-ST-ZIP **LAKE WORTH FL 33463**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☒ Addition

1.2 NAME **McKissack, Thomas E**

1.3 STREET ADDRESS **1045 35th Street**

1.4 CITY-ST-ZIP **West Palm Beach, FL 33407**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Bell, Tommy**

2.3 STREET ADDRESS **570 W. 37th Street**

2.4 CITY-ST-ZIP **Riviera Beach, FL 33404**

3.1 TITLE **MD** ☐ Change ☒ Addition

3.2 NAME **Spence, Welcome**

3.3 STREET ADDRESS **611 20th Street**

3.4 CITY-ST-ZIP **West Palm Beach, FL 33407**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

*WELCOME SPENCE JR*

**E.A. - 8/7/98 561-655-4544**

CR2E037 (5/98)