

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 # *N95000000121*

1. Corporation Name

SOUTH FLORIDA YOUTH PROGRAMS, INC.

Principal Place of Business

Mailing Address

**504 Lakeside Circle
Sunrise, FL 33326**

**c/o Mark Draizin
P O Box 290912
Davie, FL 33329**

3. Date Incorporated or Qualified

3a. Date of Last Report

1/9/95

4. FEI Number

Applied For

65-0553805

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

2. Principal Place of Business

2a. Mailing Address

21 **504 Lakeside Cir**

26 **P O Box 290912**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **Sunrise, FL 33326**

27

City & State

City & State

23 **Sunrise, FL 33326**

28 **Davie, FL 33329**

Zip

Country

Zip

Country

24 **33326**

25 **Broward**

29 **33329**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Schneider, Laz L Esq.
c/o Berger & Davis, P.A.
100 NE 3 Avenue Suite 400
Ft. Lauderdale, FL 33301**

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 if not applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Mark Draizin, Director** ☐ DELETE
NAME **P O Box 290912**
STREET ADDRESS **Ft. Lauderdale, FL 33329**
CITY - ST - ZIP

11 TITLE **Director** ☐ Change ☐ Addition
12 NAME **Mark Draizin**
13 STREET ADDRESS **504 Lakeside Circle**
14 CITY - ST - ZIP **Sunrise FL 33326**

TITLE **Director** ☐ DELETE
NAME **Jeanette Draizin**
STREET ADDRESS **P O Box 290912**
CITY - ST - ZIP **Ft. Lauderdale, FL 33329**

21 TITLE **Director** ☐ Change ☐ Addition
22 NAME **Jeanette Draizin**
23 STREET ADDRESS **504 Lakeside Circle**
24 CITY - ST - ZIP **Sunrise FL 33326**

TITLE **Aaron Draizin, Director** ☒ DELETE
NAME **P O Box 290912**
STREET ADDRESS **Ft. Lauderdale, FL 33329**
CITY - ST - ZIP

31 TITLE **Director** ☒ Change ☐ Addition
32 NAME **John Hopwood**
33 STREET ADDRESS **1274 Seagrape Circle**
34 CITY - ST - ZIP **Ft Lauderdale FL 33326**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE **300001919683** ☐ Change ☐ Addition
62 NAME **-08/13/96--01025--003**
63 STREET ADDRESS *****70.00**
64 CITY - ST - ZIP

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeanette Draizin* **Jeanette Draizin** *5/1/96* **452-1512** *9:30-11:30*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date *5/1/96* Daytime Phone # *389-1221*

CR2E037 (12/95)