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 # N95000003281 (1)

1. Corporation Name
YOUTH ALLIANCE OF TARPON SPRINGS, INC.

Principal Place of Business
555 EAST HARRISON STREET
TARPON SPRINGS FL 34689

Mailing Address
410 S. LEVIS AVE.
TARPON SPRINGS FL 34689

3. Date Incorporated or Qualified: 07/03/1995
3a. Date of Last Report: FIRST TIME

2. Principal Place of Business
21 555 EAST HARRISON STREET
22 Suite, Apt. #, etc.
23 City & State: TARPON SPRINGS, FL
24 Zip: 34689
25 Country: PINELLAS

2a. Mailing Address
26 453 E. OAKWOOD STREET
27 Suite, Apt. #, etc.
28 City & State: TARPON SPRINGS, FL.
29 Zip: 34689
30 Country: PINELLAS

4. FEI Number: ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
TAYLOR, DONALD W
410 S. LEVIS AVE.
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name: DONALD W. TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable): 453 E. OAKWOOD STREET
83
84 City: TARPON SPRINGS FL
85 Zip Code: 34689

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 617.0505, Florida Statutes.

SIGNATURE: Donald W. Taylor — DONALD W. TAYLOR, PRESIDENT / DIRECTOR — 3/1/96
Signature, 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	P ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	TAYLOR, DONALD W	1.2 NAME	DONALD W. TAYLOR
STREET ADDRESS	555 EAST HARRISON STREET	1.3 STREET ADDRESS	453 E. OAKWOOD STREET
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE	☐ DELETE	2.1 TITLE	D ☐ Change ☒ Addition
NAME		2.2 NAME	JULIUS THOMPSON
STREET ADDRESS		2.3 STREET ADDRESS	431 E. OAKWOOD STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE	☐ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME		3.2 NAME	ALTHEA SMITH
STREET ADDRESS		3.3 STREET ADDRESS	451 E. HARRISON STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	WILLIE SMITH
STREET ADDRESS		4.3 STREET ADDRESS	410 S. LEVIS AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TARPON SPRINGS, FL. 34689
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	600001744026
STREET ADDRESS		5.3 STREET ADDRESS	-03/15/96--01017--025
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***70.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Donald W. Taylor, DIRECTOR — DONALD W. TAYLOR — 3/1/96 — 813 942-5615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)