

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003530 (1)

1. Corporation Name

J.A.M YOUTH CONNECTION, INC.



Principal Place of Business

Mailing Address

P O BOX 640763
MIAMI FL 33164-0763

P O BOX 640763
MIAMI FL 33164-0763

3. Date Incorporated or Qualified

07/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

N/A

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 4242

27 P.O. Box 4242

City & State

City & State

23 HALLANDALE FL

28 HALLANDALE FL

Zip

Country

Zip

Country

24 33008

25 US

29 33008

30 US

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

10. Name and Address of New Registered Agent

SMITH, ELEANOR
-3700 NW 169TH TER
MIAMI FL 33055

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

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

ELEANOR D SMITH

(NOTE: Registered Agent signature required when reinstating)

27 JUNE 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR DIRECTOR ☐ DELETE

NAME ELEANOR DENISE SMITH
STREET ADDRESS 3700 N.W. 169 TERR
CITY-ST-ZIP MIAMI FL 33055

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SECRETARY ☒ DELETE

NAME VASHAKA SMITH
STREET ADDRESS 505 N.W. 145 ST
CITY-ST-ZIP MIAMI FL 33055

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

SECRETARY DIRECTOR
SHAMUEL LEWIS
3700 N.W. 169 TERR
MIAMI FL 33055

☒ Change ☐ Addition

TITLE TREASURER ☒ DELETE

NAME JESSIE FOOTS
STREET ADDRESS 4088 N.W. 200 ST
CITY-ST-ZIP MIAMI FL 33055

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TREASURER DIRECTOR
SHAMUEL HOLMAN
3700 N.W. 169 TERR
MIAMI FL 33055

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

500001931028
-08/23/96--01067--050
***1.25

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800001931028
-08/23/96--01067--051
***60.00

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #