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FILED

Apr 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000000309 (2)

1. Corporation Name

YOUTH VILLAGE, INC.



Principal Place of Business

Mailing Address

3879 WEST INDUSTRIAL WAY  
RIVIERA BEACH FL 33404

3879 WEST INDUSTRIAL WAY  
RIVIERA BEACH FL 33404-3311

3. Date Incorporated or Qualified  
01/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3879 BYRON DRIVE  
Suite, Apt. #, etc.

26 3879 BYRON DRIVE  
Suite, Apt. #, etc.

4. FEI Number

☒ Applied For  
☐ Not Applicable

22 City & State

27 City & State

23 RIVIERA BEACH, FL  
Zip Country

28 RIVIERA BEACH  
Zip Country

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

24 33404

25 USA

29 33404

30 USA

9. Name and Address of Current Registered Agent

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

SHEEHAN, THOMAS A III  
625 N FLAGLER DRIVE 9TH FLOOR  
WEST PALM BEACH FL 33401

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 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 D ☒ DELETE  
NAME KELLY, WALTER D  
STREET ADDRESS P.O. BOX 9966 N/A  
CITY-ST-ZIP WEST PALM BEACH FL 33419

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME FORD, TARA  
1.3 STREET ADDRESS 8450 WHISPERING OAKS WAY  
1.4 CITY-ST-ZIP W. Palm Beach, FL

TITLE D ☐ DELETE  
NAME SHEEHAN, THOMAS A III  
STREET ADDRESS 625 N FLAGLER DRIVE 9TH FLOOR  
CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME LOWE, SUAN  
2.3 STREET ADDRESS 197 OLD COUNTRY RD  
2.4 CITY-ST-ZIP WELLSBORO, FL

TITLE D ☐ DELETE  
NAME TOME, WILLIAM  
STREET ADDRESS 326 BARCELONA ROAD  
CITY-ST-ZIP WEST PALM BEACH FL 33401

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

ALFRED N. EVINER,

CR2E037 (9/96)