

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90238 014 ****70.00

DOCUMENT # N96000000309

1. Corporation Name

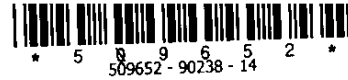
YOUTH VILLAGE, INC.

Principal Place of Business

3879 BYRON DR
RIVIERA BCH FL 33404
US

Mailing Address

3879 BYRON DR
RIVIERA BCH FL 33404
US



2. Principal Place of Business

21 3879 W. Industrial Way

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 25

2a. Mailing Address

26 3879 W. Industrial Way

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

65-0676966

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME FORD, TARA
STREET ADDRESS 8450 WHISPERING OAKS WAY
CITY-ST-ZIP W PALM BCH 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

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

TITLE D ☐ DELETE
NAME LOWE, SUSAN
STREET ADDRESS 197 OLD COUNTRY RD
CITY-ST-ZIP WELLINGTON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME KATHY DOLBOW
1.3 STREET ADDRESS 3044 S. Military Trail
1.4 CITY-ST-ZIP Lake Worth, FL 33462

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Tom Dwyer
2.3 STREET ADDRESS 925 N. Loxahatchee Dr
2.4 CITY-ST-ZIP Jupiter, FL 33458

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME ED
3.3 STREET ADDRESS ALFRED N. GINGER
3.4 CITY-ST-ZIP 13763 Alderwood Ct.
Wellington, FL 33914

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)