

FILE NOW: FILING FEE IS \$61.25

FILED

Oct 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001135 (0)**
1. Corporation Name

YOUTH ON THE MOVE U.S.A., INC.



Principal Place of Business 8202 VOLUSIA PL. TEMPLE TER. FL 33637-7904	Mailing Address 8202 VOLUSIA PL. TEMPLE TER. FL 33637-7904
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3. Date Incorporated or Qualified
02/28/1996

4. FEI Number 59-3369126	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 27121 CORAL SPRINGS DRIVE	2a. Mailing Address 26 PO BOX 291962
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Suite, Apt. #, etc.

7. Is this nonprofit corporation a homeowers association?
☐ Yes ☒ No

City & State
23 WESLEY CHAPEL, FL

City & State
28 TAMPA, FL

Zip Country
24 33543 25

Zip Country
29 33687-1962 30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCOS, MARLEEN
11525 FOREST HILLS DR.
TAMPA FL 33612-5121**

81 Name
IRASEMA HILL

82 Street Address (P.O. Box Number is Not Acceptable)
27121 CORAL SPRINGS DRIVE

83

84 City
WESLEY CHAPEL

85 Zip Code
FL 33543

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP	<input type="checkbox"/> DELETE
NAME HILL, FAIREST	
STREET ADDRESS 8202 VOLUSIA PLACE	
CITY-ST-ZIP TEMPLE TERRACE FL	

TITLE STD	<input type="checkbox"/> DELETE
NAME HILL, IRASEMA	
STREET ADDRESS 8202 VOLUSIA PLACE	
CITY-ST-ZIP TEMPLE TERRACE FL	

TITLE D	<input type="checkbox"/> DELETE
NAME KENT BOOTH, DAVID	
STREET ADDRESS 3128 LAYTON AVE	
CITY-ST-ZIP FT WORTH TX	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
27121 CORAL SPRINGS DRIVE

1.4 CITY-ST-ZIP
WESLEY CHAPEL, FL 33543
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
27121 CORAL SPRINGS DRIVE

2.4 CITY-ST-ZIP
WESLEY CHAPEL, FL 33543
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

8/14/98 (813) 988-1089

CR2E037 (1097)