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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001884 (3)**

1. Corporation Name

**YOUNG ADULTS CONSCIOUS INDEPENDENT DEVELOPMENT,
INC.**



Principal Place of Business 3800 LAKE UNDERHILL ROAD ORLANDO FL 32807	Mailing Address 3800 LAKE UNDERHILL ROAD ORLANDO FL 32803-6823
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3. Date Incorporated or Qualified 04/05/1996	3a. Date of Last Report 4/5/96
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2. Principal Place of Business 21 714 Kings Cove Ct. Suite, Apt. #, etc. 22 N/A City & State 23 Orlando, FL Zip 24 32807	2a. Mailing Address 25 Same as 2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Orange Country 30
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4. FEI Number 31-1473526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent VICENS, DANTE 3800 LAKE UNDERHILL ROAD ORLANDO FL 32803	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HECHAVARRIA, RENE		1.2 NAME Hechavarria, Rene	
STREET ADDRESS 3950 TIGER BAY ROAD		1.3 STREET ADDRESS 714 Kings Cove Ct.	
CITY-ST-ZIP DAYTONA BEACH FL 32124		1.4 CITY-ST-ZIP Orlando, FL 32807	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, ADRIAN L		2.2 NAME Johnson, Adrian L.	
STREET ADDRESS 3950 TIGER BAY ROAD		2.3 STREET ADDRESS 714 Kings Cove Ct.	
CITY-ST-ZIP DAYTONA BEACH FL 32124		2.4 CITY-ST-ZIP Orlando, FL 32807	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALDONADO, EMMA L		3.2 NAME Badillo, Emma	
STREET ADDRESS 714 KINGS COVE COURT		3.3 STREET ADDRESS 714 Kings Cove Ct	
CITY-ST-ZIP ORLANDO FL 32807		3.4 CITY-ST-ZIP Orlando, FL 32807	
TITLE PSD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VICENS, DANTE		4.2 NAME Chambers, Michael S.	
STREET ADDRESS 1313 KINGSTON AVE		4.3 STREET ADDRESS 714 Kings Cove Ct.	
CITY-ST-ZIP ORLANDO FL 32807		4.4 CITY-ST-ZIP Orlando, FL 32807	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		5.2 NAME Mendez, Reynaldo	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS 714 Kings Cove Ct	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP Orlando, FL 32807	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		6.2 NAME Mendez, Aida Yvon	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS 714 Kings Cove Ct	
CITY-ST-ZIP <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP Orlando, FL 32807	

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.

SIGNATURE: Emma Badillo 4-16-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Emma Badillo** (407) 275-0946
Date Daytime Phone # 0016317

CR2E037 (9/96)

YOUNG ADULTS CONSCIOUS INDEPENDENT DEVELOPMENT, INC.

1997 ANNUAL REPORT

Document # N96000001884 (3)

ATTACHMENT A
[Continuation of Annual Report]

13. 7.1	T	Addition
7.2	Rivera, Evelyn	
7.3	714 Kings Cove Ct	
7.4	Orlando, FL 32807	