

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90002 025 ****70.00

DOCUMENT # N96000002254

1. Corporation Name

THE YOUTH LEADERSHIP DEVELOPMENT PROJECT, INC.

Principal Place of Business

399 WEST PALMETTO PARK ROAD #200
BOCA RATON FL 33432

Mailing Address

399 WEST PALMETTO PARK ROAD #200
BOCA RATON FL 33432



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	25 SEAGREEZE AVENUE	26	25 SEAGREEZE AVE.	04/09/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	SUITE 300	27	SUITE 300	65-0660820	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	DELRAY BEACH, FL	28	DELRAY BEACH, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24	33483 USA	29	33483 USA	30	

9. Name and Address of Current Registered Agent

MAYELL, C C
399 WEST PALMETTO PARK ROAD #200
BOCA RATON FL 33432-3760

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	SUITE # 300
84	City
85	Zip Code
DELRAY BEACH	FL 33483

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	DC	1.1 TITLE	
NAME	MAYELL, C C	1.2 NAME	
STREET ADDRESS	640 HERON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	
NAME	RIGELL, DAVID R	2.2 NAME	
STREET ADDRESS	8640 THOUSAND PINES COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	STEWART, WILLIAM REV.	3.2 NAME	
STREET ADDRESS	19701 GULF BLVD. #130	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN SHORES FL 34635	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	DT
NAME		4.2 NAME	MRS. MERRI PAOLINO
STREET ADDRESS		4.3 STREET ADDRESS	555 NE 4TH LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE		5.1 TITLE	D
NAME		5.2 NAME	MR. LOWELL W. HARTKORN
STREET ADDRESS		5.3 STREET ADDRESS	3815 VERNHARDSON ST.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GIG HARBOR, WA 98332
TITLE		6.1 TITLE	D
NAME		6.2 NAME	MR. GREGORY B. LEITH
STREET ADDRESS		6.3 STREET ADDRESS	12343 59TH AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SURREY, B.C. CANADA V3X1Y1

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

5/26/99

Date

561-266-9499

Daytime Phone #

CR2E037 (11/98)

0043745