

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
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90062 025 ****61.25

DOCUMENT # N96000002313

1. Corporation Name

YOUTHBUILD ST. PETERSBURG, INC.

Principal Place of Business

P.O. BOX 1048
S. PETERSBURG FL 33731

Mailing Address

P.O. BOX 1048
S. PETERSBURG FL 33731



2. Principal Place of Business

21 12404 93rd Avenue

Suite, Apt. #, etc.

22

City & State
23 Seminole, FL

Zip Country
24 33712 25 USA

2a. Mailing Address

26 12404 93rd Avenue

Suite, Apt. #, etc.

27

City & State
28 Seminole, FL

Zip Country
29 33712 30 USA

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

59-3386262

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

STELLRECHT, PAUL
ONE 4TH STREET NORTH
SUITE 910
ST. PETERSBURG FL 33701

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

(NOT E: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C
NAME FILLIAU, ERNEST
STREET ADDRESS 2366-7TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33712

TITLE ☐ DELETE

V
NAME CURRAN, LESLIE
STREET ADDRESS 2933-7TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE ☐ DELETE

T
NAME SINCLAIR, CYNTHIA
STREET ADDRESS 3827 7TH AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33713

TITLE ☐ DELETE

D
NAME YOUNG, KEITH
STREET ADDRESS 3801 KINGFISH DRIVE SE
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ DELETE

D
NAME STELLRECHT, PAUL
STREET ADDRESS 12404-93RD AVENUE NORTH
CITY-ST-ZIP SEMINOLE FL 34642-3207

TITLE ☐ DELETE

D
NAME MILLER, DOROTHEA
STREET ADDRESS 806-15TH AVENUE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33701

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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:

X *Signature* **RESERVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99 727-892-5561

0053929

CR2E037 (11/98)