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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000003768 (6)**

1. Corporation Name

FOREVER YOUNG JUVENILE PROGRAMS, INC.

Principal Place of Business	Mailing Address
1882 LILLIAN AVE TARPON SPRINGS FL 34689	1882 LILLIAN AVE TARPON SPRINGS FL 34689-3813

3. Date Incorporated or Qualified: 07/15/1996
3a. Date of Last Report:

2. Principal Place of Business
21 SAME
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 SAME
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3371136 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SUSSMAN, JANET
1882 LILLIAN AVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 600000234312 6---9
83 -11/10/97--01133--001 *****61.25 *****61.25
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 Janet Sussman, President
Signature, type 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	PRESIDENT (D)	☐ DELETE	1.1 TITLE	PRESIDENT (D)	☐ Change ☐ Addition
NAME	JANET SUSSMAN		1.2 NAME	JANET SUSSMAN	
STREET ADDRESS	1882 LILLIAN AVE		1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		1.4 CITY-ST-ZIP		
TITLE	VICEPRESIDENT (D)	☐ DELETE	2.1 TITLE	(D)	☐ Change ☐ Addition
NAME	GENE SUSSMAN		2.2 NAME	SAME	
STREET ADDRESS	1882 LILLIAN AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		2.4 CITY-ST-ZIP		
TITLE	TREASURER (D)	☐ DELETE	3.1 TITLE	(D)	☐ Change ☐ Addition
NAME	MIKE SUSSMAN		3.2 NAME	SAME	
STREET ADDRESS	1882 LILLIAN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		3.4 CITY-ST-ZIP		
TITLE	BROOKE SUSSMAN (T)	☐ DELETE	4.1 TITLE	SECRETARY (D)	☐ Change ☒ Addition
NAME			4.2 NAME	MICHELLE PALISI	
STREET ADDRESS	1882 LILLIAN AVE.		4.3 STREET ADDRESS	2235 GRAND BLVD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JP 10/31

CR2E037 (9/96)

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.

813-9422401