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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003768 (6)**

1. Corporation Name

FOREVER YOUNG JUVENILE PROGRAMS, INC.

Principal Place of Business

**1882 LILLIAN AVE
TARPON SPRINGS FL 34689**

Mailing Address

**1882 LILLIAN AVE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

Zip

Country

9. Name and Address of Current Registered Agent

**SUSSMAN, JANET
1882 LILLIAN AVE
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified

07/15/1996

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81

Name

JANET SUSSMAN

82

Street Address (P.O. Box Number is Not Acceptable)

1882 LILLIAN AVE

83

84

City

TARPON SPRINGS

FL

85

Zip Code

34689

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/98

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

SUSSMAN, JANET

STREET ADDRESS

1882 LILLIAN AVE

CITY-ST-ZIP

TARPON SPRINGS FL 34689

TITLE

VD

☐ DELETE

NAME

SUSSMAN, GENE

STREET ADDRESS

1882 LILLIAN AVE

CITY-ST-ZIP

TARPON SPRINGS FL 34689

TITLE

TD

☐ DELETE

NAME

SUSSMAN, MIKE

STREET ADDRESS

1882 LILLIAN AVE

CITY-ST-ZIP

TARPON SPRINGS FL 34689

TITLE

SD

☐ DELETE

NAME

PALISI, MICHELLE

STREET ADDRESS

2235 GRAND BLVD

CITY-ST-ZIP

NEW PORT RICHEY FL 34652

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

TRD

☐ Change

☒ Addition

1.2 NAME

DIANE JONES

1.3 STREET ADDRESS

9302 123RD WAY

1.4 CITY-ST-ZIP

SEMINOLE, FL 33772-3231

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.

SIGNATURE:

Janet Sussman

1/6/98 813-942-2401

CR2E037 (10/97)