

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90009 020 \*\*\*\*75.00

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N96000003768**

1. Corporation Name

**FOREVER YOUNG JUVENILE PROGRAMS, INC.**

546752 - 90009 - 20

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ 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:

*[Signature]*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

Florida Department of Agriculture  
and Consumer Services  
BOB CRAWFORD, Commissioner

546732-90009-20

N9600003768

## ATTACHMENT A

Officers, Directors, Trustees, and Principal Salaried Executive Personnel  
Solicitation of Contributions  
(Chapter 496, Florida Statutes)



SC-08293

Please list officers, directors, trustees, and principal salaried executive personnel: ( If none, check here \_\_\_\_\_ and return. )

1. Name: SUSSMAN, JANET Title: PRESIDENT  
Address: 1882 LILLIAN AVENUE Salaried (Y/N): COMMISSION  
City, State and ZIP: TARPON SPRINGS, FL 34689 Phone: (813) 942-2401  
BASIS
2. Name: SUSSMAN, GENE Title: VICE PRESIDENT  
Address: 1882 LILLIAN AVENUE Salaried (Y/N): COMMISSION  
City, State and ZIP: TARPON SPRINGS, FL 34689 Phone: (813) 942-2401  
BASIS
3. Name: SUSSMAN, MIKE Title: TREASURER  
Address: 1882 LILLIAN AVENUE Salaried (Y/N): N  
City, State and ZIP: TARPON SPRINGS, FL 34689 Phone: (813) 942-2401
4. Name: PALISI, MICHELLE Title: SECRETARY  
Address: 2235 GRAND BOULEVARD Salaried (Y/N): N  
City, State and ZIP: NEW PORT RICHEY, FL 34652 Phone: \_\_\_\_\_  
**DELETE**
5. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Salaried (Y/N): \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_
6. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Salaried (Y/N): \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Salaried (Y/N): \_\_\_\_\_  
City, State and ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_