## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N96000004246 (2)

SERVICES AND OPPORTUNITIES FOR YOUTH AND FAMILY

**FILED** Apr 24 1997 8:00 am Secretary of State



Principal Place of Business	Mailing Address			IDIN DUNG DUNAN DIDEN DIBIK DIDIN DIN KUNI
1781 NW 175TH ST MIAMI FL 33058	1781 NW 175TH ST MIAMI FL 33056-4953	,		
			3. Date Incorporated or Qualified 08/12/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	X Applied For
21	26			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
24 25	29	30	Florida Statutes	] Yes ☐ No
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Re	glatered Agent
		81 Name		
GLOVER, CLYDE		62 Street Add	Iress (P.O. Box Number is Not Acceptab	Jo.
178J NW 175TH ST		OLI OLI DEL ACIO	1865 (1.0. DOX NUMBER IS NOT ACCEPTAGE	no)
MIAMI FL 33056		83		
		24 0		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617	7.0502 and 617.1508, Florida Statut	es, the above-named corr	poration submits this statement for the p	
<ol> <li>Pursuant to the provisions of Sections 61, office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	State of Florida, Such change was a	authorized by the corpora	ition's board of directors. I hereby accer	ot the appointment as registered
	obligations of, Section 617.0503, Fit	onua sialuibs.		
Signature typed or printed partie of register	red agent and title if applicable. (NOT	E: Registered Agent signature regul	irad when reinstating)	DATE
Signature, typed or printed name of register	red agent and title if applicable. (NOT S AND DIRECTORS	E: Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
Signature: typed or printed name of register  12. OFFICER:	S AND DIRECTORS			
12. OFFICER:  TILE EXECUTIVE DIR	S AND DIRECTORS  ECTOR DELETE	13.		CERS AND DIRECTORS IN 12
12. OFFICER:  TILE EXECUTIVE DIR  NAME CLYDE B. GLOV	S AND DIRECTORS  ECTOR DELETE ER	13. 1.1 TITLE		CERS AND DIRECTORS IN 12
12. OFFICER:  1IILE EXECUTIVE DIR  NAME CLYDE B . GLOV  STREET ADDRESS 1781 NW 175th	SAND DIRECTORS  ECTOR DELETE ER Street	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		CERS AND DIRECTORS IN 12
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qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the or is true and accurate and that my signature shall have the same legal effect as if made under oath; that mpsylered to execute this report as required by Chapter 617, Florida Statutes; and that my name I am an officer or director of the appears in Block 12 or Block

SIGNATURE:

Daytime Phone # 0026130