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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004434 (4)

1. Corporation Name

YOUTH ALIVE, INC.

Principal Place of Business

Mailing Address

107 LAKEVIEW DRIVE
ST CLOUD FL 34769

P O BOX 451481
C/O DANNY L HAYES
KISSIMMEE FL 34745-1481



3. Date Incorporated or Qualified
08/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1700 E. Bronson Hwy

26 PO Box 451481

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Kissimmee

28 Kissimmee

24 Zip

25 Country

29 Zip

30 Country

34744

US

FL

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES, DANNY L
107 LAKEVIEW DRIVE
ST CLOUD FL 34769

81 Name DANNY HAYES

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

83 3152 Lake Breeze Circle

84 City St. Cloud

FL 85 Zip Code 347

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HAYES, DANNY L
STREET ADDRESS 107 LAKEVIEW DRIVE
CITY-ST-ZIP ST CLOUD FL 34769

1.1 TITLE D
1.2 NAME DANNY L. Hayes
1.3 STREET ADDRESS 3152 Lake Breeze Circle
1.4 CITY-ST-ZIP St. Cloud FL 34771

TITLE D
NAME HAYES, DORIS
STREET ADDRESS 107 LAKEVIEW DRIVE
CITY-ST-ZIP ST CLOUD FL 34769

2.1 TITLE D
2.2 NAME DORIS C. HAYES
2.3 STREET ADDRESS 3152 Lake Breeze Circle
2.4 CITY-ST-ZIP St. Cloud FL 34771

TITLE D
NAME HAYES, JULIE
STREET ADDRESS 107 LAKEVIEW DRIVE
CITY-ST-ZIP ST CLOUD FL 34769

3.1 TITLE D
3.2 NAME Julianna Hayes
3.3 STREET ADDRESS 2434 N. Bermuda Ave #7
3.4 CITY-ST-ZIP Kissimmee FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, changed, or on an attachment with an address.

SIGNATURE:

[Signature]

CR2E037 (9/96)