

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

**1700 E BRONSON HWY
KISSIMMEE FL 34744
US**

**P O BOX 451481
KISSIMMEE FL
US**

3. Date Incorporated or Qualified

08/26/1996

4. FEI Number

59-3400509

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2434 N. Bermuda Ave

26 Suite, Apt. #, etc.

22 7

27 Suite, Apt. #, etc.

23 Kissimmee FL

28 City & State

24 34741

25 USA

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES, DANNY L

**3152 LAKE BREEZE CIR
ST CLOUD FL 34769**

**2434 N. Bermuda Ave
Kissimmee FL #7
34741**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **HAYES, DANNY L**
STREET ADDRESS **3152 LAKE BREEZE CIR**
CITY-ST-ZIP **ST CLOUD FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Danny Hayes**
1.3 STREET ADDRESS **2434 N. Bermuda Ave #8**
1.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE **D** ☐ DELETE
NAME **HAYES, DORIS**
STREET ADDRESS **3152 LAKE BREEZE CIR**
CITY-ST-ZIP **ST CLOUD FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **DORIS Hayes**
2.3 STREET ADDRESS **2434 N. Bermuda Ave #8**
2.4 CITY-ST-ZIP **Kissimmee FL 34741**

TITLE **D** ☐ DELETE
NAME **HAYES, JULIANNA**
STREET ADDRESS **2434 N BERMUDA AVE #7**
CITY-ST-ZIP **KISSIMMEE FL**

3.1 TITLE **D-Treasurer** ☒ Change ☐ Addition
3.2 NAME **Julianna Ricketts**
3.3 STREET ADDRESS **2434 N. Bermuda Ave #13**
3.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **John Neil Ricketts**
4.3 STREET ADDRESS **2434 N. Bermuda Ave #3**
4.4 CITY-ST-ZIP **Kissimmee, FL 34741**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

[Signature]

3/13/98

CR2E037 (10/97)