

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000005837 (7)**

1. Corporation Name

FRESH START PROGRAM, INC.

Principal Place of Business

**2840 SOMERSET DRIVE
M-214
LAUDERDALE LAKES FL 33311**

Mailing Address

**P.O. BOX 180241
FT LAUDERDALE FL 33319-0241**3. Date Incorporated or Qualified
11/15/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.**22** City & State**23** Zip**25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip**30** Country

4. FEI Number

Applied For
☒ Not Applicable5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUCAS, BRIAN
2840 SOMERSE DRIVE
M-214
LAUDERDALE LAKES FL 33311****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 **Brian Lucas, President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

April 22, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **LUCAS, BRIAN**
STREET ADDRESS **2840 SOMERSET DRIVE #M-214**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33068**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **VD** ☐ DELETE
NAME **HOLCOMB, GLENN**
STREET ADDRESS **2840 S.W. 14TH STREET #18**
CITY-ST-ZIP **BOYNTON BEACH FL 33426**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **SD** ☐ DELETE
NAME **TERRY, MERIAN**
STREET ADDRESS **12340 WEST GOLD DRIVE**
CITY-ST-ZIP **MIAMI FL 33179**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **TD** ☐ DELETE
NAME **WRIGHT, GLADYS**
STREET ADDRESS **3751 N.W. 8TH PLACE**
CITY-ST-ZIP **FT LAUDERDALE FL 33311**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
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 if changed, or on an attachment with an address.

SIGNATURE: **Brian Lucas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 1997

Date

Daytime Phone # **0035018**

CR2E037 (9/96)