

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000005091					
1. Corporation Name HIGHLAND PARK YOUTH DEVELOPMENT CORPORATION					
Principal Place of Business HIGHLAND PARK PATIST CHURCH 800 NW 14TH ST MIAMI FL 33136 US			Mailing Address P O BOX 11728 MIAMI FL 33101-728 US		

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06-21-1999 90002 028 ****70.00
99 OCT 13 PM 12:08

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/08/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	
22	City & State	27	City & State	☒ Applied For ☐ Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent PHILLIPS, JAMES L JR. 1040 SUNNYBROOK RD MIAMI FL 33136				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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, JAMES L JR.	1.2 NAME	
STREET ADDRESS	800 NW 14TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	1.4 CITY-ST-ZIP	
TITLE	SO ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, JACQUELYN	2.2 NAME	
STREET ADDRESS	800 NW 14TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CRAPP, JENNIFER	3.2 NAME	
STREET ADDRESS	800 NW 14TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MALLOY, ADA	4.2 NAME	
STREET ADDRESS	800 NW 14TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, SUSAN	5.2 NAME	
STREET ADDRESS	800 NW 14TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33136	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  6/13/99 (305) 545-8662 AD