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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001445

1. Corporation Name

THE FLORIDA YOUNG HEROES PROGRAM, INC.

Principal Place of Business	Mailing Address
14300 FANG DR. JACKSONVILLE FL 32218-7933	14300 FANG DR. JACKSONVILLE FL 32218-7933

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 77176
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Florida
Zip 29 32226-7176 Country 30 USA

3. Date Incorporated or Qualified
03/10/1998

4. FEI Number
59-3498429
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FORAN, JILLENE
14300 FANG DR.
JACKSONVILLE FL 32218-7933

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	[redacted]	☒ Change ☐ Addition
NAME	FORAN, JILLENE		1.2 NAME		
STREET ADDRESS	14300 FANG DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218-7933		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, CORAN		2.2 NAME		
STREET ADDRESS	14300 FANG DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218-7933		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TUTTLE, DAVE		3.2 NAME		
STREET ADDRESS	14300 FANG DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218-7933		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Karst, John	
STREET ADDRESS			4.3 STREET ADDRESS	14300 FANG Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Jacksonville FL 32218-7933	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	Hall, Michael	
STREET ADDRESS			5.3 STREET ADDRESS	14300 FANG Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville FL 32218-7933	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Ramsey, michael	
STREET ADDRESS			6.3 STREET ADDRESS	14300 FANG Dr	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville FL 32218-7933	

CR2E037 (11/98)

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: Jillene Foran SIGNATURE REQUIRED Jillene Foran February 1, 1999 (904) 741-7305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #