

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001955

1. Corporation Name

YOUTH WITH A VISION INCORPORATED

Principal Place of Business

8114 N HALE AVE
TAMPA FL

Mailing Address

8114 N HALE AVE
TAMPA FL

FILED

99 FEB 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/03/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-355 8076
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

MALLAN, ROBERT J
8114 N HALE AVE
TAMPA FL

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

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	PD	1.1 TITLE	
NAME	MALLAN, ROBERT J	1.2 NAME	
STREET ADDRESS	8114 N HALE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	FOUNTAIN, JAMES DR	2.2 NAME	
STREET ADDRESS	12318 WYCLIFF PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	WHITE, RANDY A DR	3.2 NAME	
STREET ADDRESS	4110 HIGHLAND PARK CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	
NAME	GEE, DEBBIE	4.2 NAME	
STREET ADDRESS	1205 GULFWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33706	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SANDS, ARTHURLEY	5.2 NAME	
STREET ADDRESS	529 S PARSONS AVE #1503	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL 37511	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

Date

(813) 879-4673 x256

Daytime Phone #

CR2E037 (11/98)