MONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002611

1. Corporation Name

Principal Place of Business

12995 CLEVELAND AVE

SUITE 164 FORT MYERS FL 33907

YOUTH DEVELOPMENT FUND, INC.

Mailing Address

12995 CLEVELAND AVE SUITE 164 FORT MYERS FL 33907

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FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90042 037 ****61.25

2. Principal Place of Business 1/2 / Lawrente Charle (1) 28 1/2 21 house Cab				3. Date Incorporated or Qualifed		
11/32/ procusta chose Ci	0 26 1/72/ Jorguete	es Chi	soe lib			
Suite Apt, #, etc.	Suite, Apt. #, etc.			4. FEI Number	<u> </u>	plied For
2 Filhylo - 1/2	27			65-08332/6		Applicable
City & Staffe	City & State	F	la_	5. Certificate of Status Desired	\$8.75 / Fee Re	
Zip Country 25 (15 78	29 73927 30	Countr	<u> 5</u>	6. Election Campaign Financing Trust Fund Contribution		
9. Name and Address of Currer		" 		10. Name and Address of New Registe	ered Agent	
V. ISBITE CHA POULSES OF COLLET		8	Name			
				(D.C. D. M. show in Not Assessable)		
KEIM, RANDY		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
12995 CLEVELAND AVE		8	3			
SUITE 164			1		AE 21- 4	Code
FORT MYERS FL 33907		84	City		FL 85 Zp	Code
11. Pursuant to the provisions of Sections 617.050	2 and 617 1508 Florida Statutas	the ebo	i ve-named com	poration submits this statement for the ourpos	se of changing its	registered
 Pursuant to the provisions of Sections 817.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Fiorial Such Change was auur	UTIZOU D		on's board of directors. I hereby accept the a	appointment as re	gistered
SIGNATURE						
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Ag	ent signature require	nd when reinstating) DAT	-	OC (N 12
12. OFFICERS AND DIRECTORS,				ADDITIONS/CHANGES TO OFFICER		RS IN 12 ∏Addition
TLE RANDY IF -M PROPRIETE		1.1 TITLE			Change	
NAME	chase cut	1.2 NAME	: [
STREET ADDRESS 1/32/ Longuett	()	1.3 STRE	ET ADDRESS			
CITY-ST-ZP CIMUSERO FLO	<u>, Р</u>	1.4 CITY-	ST-ZIP			
TITLE Frank Brown 1/1	e free DELETE	2.1 TITLE		,	☐ Change	Addition
NAME 11190 Peneuval las	tea DR .	22 NAME	:			
STREET ADDRESS	\mathcal{O}	2.3 STRE	ET ADDRESS			
CTY-ST-ZD FTMUSEUM Fla	3391 <u>3</u>	2.4 CITY-	-ST-ZIP			
TITLE SOCIALITY	☐ DELETE	3.1 TITLE			☐ Change	Addition
1 Apo to m 1 1 X A		3.2 NAME		•		-
ET ADDRESS 1/32 / Longuete dese cis		3.3 STREET ADDRESS				
CITY-ST-ZP FT Thysero Fla 3	FTMISELO Fle 33708					
TIRE necessary	nessens DELETE				Change	Addition
NAME By Ry Brown		4. 2 NAM	:			
STREET ADDRESS 11290 Pinewood fat	les there)	4.3 STRE	ET ADDRESS			
CITY-ST-ZP FT Meren 339	13	4.4 CITY-	ST-ZIP			
ITTLE	☐ DELETE	5.1 TITLE			Change	Addition
NAME		5.2 NAME				
STREET ADDRESS		5.3 STREE	ET ADDRESS			
CITY-ST-ZIP		5.4 CITY-	ST-ZIP			
TITLE	DELETE				☐ Change	☐ Addition
NAME	1	62 NAME	:			
STREET ADDRESS		6.3 STRE	ET ADDRESS			
CITY-ST-78P		6.4 CITY-	ST-29P			

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 gn an attachment with an address, with all other like empowered.

CICNATUDE

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941-486.5561