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Mar 10, 1999 8:00 am
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03-10-1999 90152 008 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N98000002722

1. Corporation Name

FRESHSTART YOUTH MINISTRIES, INC.

Principal Place of Business

2962 KENILWICK DRIVE, NORTH
 CLEARWATER FL 33761

Mailing Address

2962 KENILWICK DRIVE, NORTH
 CLEARWATER FL 33761



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/11/1998

4. FEI Number

59-3513180

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

WELCH, SCOTT
 2962 KENILWICK DRIVE, NORTH
 CLEARWATER FL 33761

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

TITLE PD ☐ DELETE

NAME WELCH, SCOTT
 STREET ADDRESS 2962 KENILWICK DRIVE, NORTH
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE VPD ☒ DELETE

NAME WELCH, CHERYL
 STREET ADDRESS 2962 KENILWICK DRIVE, NORTH
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE SD ☐ DELETE

NAME HOPKINS, HAROLD
 STREET ADDRESS 2962 KENILWICK DRIVE, NORTH
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD ☐ DELETE

NAME GOODWIN, WILLIAM
 STREET ADDRESS 2962 KENILWICK DRIVE, NORTH
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VPD
 HOPKINS, HAROLD
 2962 KENILWICK DRIVE, NORTH
 CLEARWATER FL 33761

SD
 GOODWIN, WILLIAM
 2962 KENILWICK DRIVE, NORTH
 CLEARWATER, FL 33761

TD
 MARY LOU LARSON
 2962 KENILWICK DRIVE, NORTH
 CLEARWATER, FL 33761

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

1-28-99

727-797-7898

Date

Daytime Phone #

CR2E037 (1/198)