

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE SEPTEMBER 15, 1999: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000005183

1. Corporation Name

PANACHE YOUTH OUTREACH INC.

Principal Place of Business

215 S. OLIVE AVE., STE. 402
W. PALM BEACH FL 33401

Mailing Address

215 S. OLIVE AVE., STE. 402
W. PALM BEACH FL 33401

APPROVED
AND
FILED

99 NOV-12 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6123062-90002-21



9-3-99 90002 021-425

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2255 GLADES ROAD	26 2255 GLADES ROAD	09/10/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22 SUITE 324	27 SUITE 324	6308666000
City & State	City & State	Applied For
23 BOCA RATON, FLA	28 BOCA RATON, FLA	Not Applicable
Zip	Zip	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
24 33431	29 33431	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
Country	Country	
25	30	

8. Name and Address of Current Registered Agent

BUTLER, CAROLYN
215 S. OLIVE AVE., STE. 402
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City	84 State	85 Zip Code
CAROLYN BUTLER	2255 GLADES ROAD SUITE 324	BOCA RATON, FLA	FL	33431

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 submitting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 liquidator empowered to execute this report as required by Chapter 417, 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 empowerments.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Carolyn A Butler 561 988-2678
11/4/99 988-2678