9/17/2002-90106-046-$61.25-$61.25

FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

~~1999~~ 2002

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

2. Principal Place of Business
21 800 Village Square Crossing
Suite, Apt. #, etc.
22 #110
City & State
23 Palm Beach Gardens
Zip 24 33410 Country 25

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
09/10/1998

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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

10. Name and Address of New Registered Agent

81 Name Butler Carolyn "T"
82 Street Address (P.O. Box Number is Not Acceptable) 800 Village Square Crossing
83 Palm Beach Gardens
84 City Palm Beh Gardens FL 85 Zip Code 33410

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 "T"	Butler Carolyn	☑ Change ☐ Addition
NAME	BUTLER, CAROLYN		1.2 NAME		
STREET ADDRESS	215 S. OLIVE AVE., STE. 402		1.3 STREET ADDRESS	800 Village Square Crossing	
CITY-ST-ZIP	W. PALM BEACH FL 33401		1.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410	
TITLE	D	☑ DELETE	2.1 TITLE VP	Goodman Marilyn	☐ Change ☐ Addition
NAME	BATS, ROBIN		2.2 NAME "D"		
STREET ADDRESS	215 S. OLIVE AVE., STE. 402		2.3 STREET ADDRESS	1087 Lawn St.	
CITY-ST-ZIP	W. PALM BEACH FL 33401		2.4 CITY-ST-ZIP	Riviera Beach Fla 33404	
TITLE	D	☐ DELETE	3.1 TITLE S/D	Kilene Barbara	☐ Change ☐ Addition
NAME	MAIX, PATRICIA		3.2 NAME "D"		
STREET ADDRESS	215 S. OLIVE AVE., STE. 402		3.3 STREET ADDRESS	1404 North Shore Dr	
CITY-ST-ZIP	W. PALM BEACH FL 33401		3.4 CITY-ST-ZIP	Singer Island Fla 33404	
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/16/02