

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (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

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90031 037 \*\*\*\*61.25

**DOCUMENT # N98000005269**

1. Corporation Name

**HIGHER LEARNING YOUTH DEVELOPMENT, INCORPORATED**

Principal Place of Business

7888 TORY CIRCLE  
JACKSONVILLE FL 32208

Mailing Address

7888 TORY CIRCLE  
JACKSONVILLE FL 32208



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 1122  
Suite, Apt. #, etc.

27 City & State

28 Jacksonville, F

29 32201 30 USA

3. Date Incorporated or Qualified

09/09/1998

4. FEI Number

59-3585854

☒ 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

STUKES, POWELL  
2328 W. 17TH STREET  
JACKSONVILLE FL 32209

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 D  
NAME BROWN, DEE  
STREET ADDRESS 7925 MERRILL ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ DELETE

TITLE D  
NAME HANNA-STUKES, SHARON  
STREET ADDRESS 7888-TORY CIRCLE  
CITY-ST-ZIP JACKSONVILLE FL 32208 ☒ DELETE

TITLE D  
NAME MAJOR, CHERYL D  
STREET ADDRESS 2571 SUMMIT STREET  
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D  
1.2 NAME JESSIE, PAMELA  
1.3 STREET ADDRESS 8007 LEXINGTON DRIVE  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32208 ☐ Change ☒ Addition

2.1 TITLE P  
2.2 NAME STUKES, RONALD L.  
2.3 STREET ADDRESS 7888 TORY CIRCLE  
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32208 ☐ Change ☒ Addition

3.1 TITLE S  
3.2 NAME SAVILLE, KATHRYNE A.  
3.3 STREET ADDRESS 11581 MCCORMICK RD  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32225 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 #

7-8-99 904-765-4733

CR2E037 (5/99)

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