


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90226 023 ****61.25

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|--|--|--|--|---|--|
| DOCUMENT # N99000001768 1. Entity Name YOUNG PERFORMING ARTISTS CORPORATION | | | |  | |
| Principal Place of Business C/O THE STEELE ORGANIZATION- 9060 COUNTY ROAD 231 WILDWOOD, FL 34785 | | | Mailing Address C/O THE STEELE ORGANIZATION- 9060 COUNTY ROAD 231 WILDWOOD, FL 34785 | | |
| 2. Principal Place of Business 9060 County Road 231 Suite, Apt. #, etc. | | | 3. Mailing Address 9060 County Road 231 Suite, Apt. #, etc. | | |
| City & State Wildwood, FL Zip 34785 | | | City & State Wildwood, FL 34785 Zip 34785 | | |
| Country USA | | | Country USA | | |
| 4. FEI Number 59-3474454 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 05012006 Chg-NP CR2E037 (4/06) | |
| 6. Name and Address of Current Registered Agent STEELE, BEVERLY C/O THE STEELE ORGANIZATION 9060 COUNTY ROAD 231 WILDWOOD, FL 34785 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE <u><i>Beverly Steele</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 45%; text-align: right;"> <u>5/1/06</u> <small>DATE</small> </div> </div> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FCD STEELE, BEVERLY 9068 COUNTY RD. 231 WILDWOOD, FL 34785 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REAVES, MELVERINE 1026 OLD FIELD DRIVE BRANDON, FL 33511 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AD GANT, GWENNETTE 833 NE 97TH RD. WILDWOOD, FL 34785 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WINCHESTER, LINDA 8878 N. U.S. HWY 301 WILDWOOD, FL 34785 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Beverly Steele</i></u> <u>5/1/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |