

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90043 020 ***150.00

DOCUMENT # P98000034074

1. Corporation Name

FLORIDA YOUNG DEMOCRATS, INC.

Principal Place of Business

P.O. BOX 11213
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 11213
TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

4. FEI Number

59-284 3559

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

CYNTHIA L. SHERR, P.A.
1940 HARRISON STREET
STE 300
HOLLYWOOD FL 33020

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Cynthia L. Sherr
Signature, typed or printed name of registered agent and title if applicable.

CYNTHIA L. SHERR
(NOTE: Registered Agent signature required when reinstating)

1/28/99
DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE
NAME ELKINS, AARON
STREET ADDRESS 8945 85TH STREET N
CITY-ST-ZIP LARGO FL 33777

TITLE V ☒ DELETE
NAME MOYER, DAVID
STREET ADDRESS 1061 OVINGTON ROAD
CITY-ST-ZIP LARGO FL 33777

TITLE D ☐ DELETE
NAME NEWTON, DEREK
STREET ADDRESS 6150 5TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE V ☐ DELETE
NAME WANZER, ED
STREET ADDRESS P.O. BOX 20206
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE T ☒ DELETE
NAME CARR, JERED
STREET ADDRESS 1534 TWIN LAKES CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE V ☒ DELETE
NAME LIVINGSTON, JOHN
STREET ADDRESS 1505 W THARPE ST, #2614A
CITY-ST-ZIP TALLAHASSEE FL 32303

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Pam Taylor
1.3 STREET ADDRESS 1515 Paul Russell Rd #44
1.4 CITY-ST-ZIP Tallahassee, FL 32301

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME Roberta Deakins
2.3 STREET ADDRESS PO Box 11213
2.4 CITY-ST-ZIP Tallahassee, FL 32302

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS PO Box 11213
3.4 CITY-ST-ZIP Tallahassee, FL 32302

4.1 TITLE N ☐ Change ☒ Addition
4.2 NAME Steven Fitzer
4.3 STREET ADDRESS 1900 Centre Pointe Blvd #51
4.4 CITY-ST-ZIP Tallahassee, FL 32308

5.1 TITLE T ☐ Change ☒ Addition
5.2 NAME Elana Tilley
5.3 STREET ADDRESS PO Box 11213
5.4 CITY-ST-ZIP Tallahassee, FL 32302

6.1 TITLE ☒ D ☐ Change ☒ Addition
6.2 NAME CYNTHIA L SHERR
6.3 STREET ADDRESS 1940 Harrison St, Ste 300
6.4 CITY-ST-ZIP Hollywood, FL 33020

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 607, 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:

Cynthia L. Sherr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0053504