



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>37076</b>		2. Exact name of the Corporation <b>Eckerd Youth Alternatives, Inc.</b>			
3. State of Incorporation <b>Florida</b>		4. Brief description of the character of business conducted in Rhode Island <b>Nonprofit organization working with children and families in need of a second chance</b>			
5. Principal office address <b>100 N. Starcrest Drive</b>		City <b>Clearwater</b>	State <b>FL</b>	Zip <b>33765</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>David Dennis</b>		Vice-President Name			
Street Address <b>100 N. Starcrest Drive</b>		Street Address			
City <b>Clearwater</b>	State <b>FL</b>	Zip <b>33765</b>	City	State	Zip
Secretary Name <b>Laura Hunt</b>		Treasurer Name <b>Randall W. Luecke</b>			
Street Address <b>100 N. Starcrest Drive</b>		Street Address <b>100 N. Starcrest Drive</b>			
City <b>Clearwater</b>	State <b>FL</b>	Zip <b>33765</b>	City <b>Clearwater</b>	State <b>FL</b>	Zip <b>33765</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

**FILED**

**APR 02 2014**

By **49-221498**

**A.A. 12:11p.m.**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Randall W. Luecke** 4.2.14  
Signature of Officer Date

**Randall W. Luecke**

Print or Type Name of Officer

**Treasurer**

Title of Officer

Eckerd Youth Alternatives, Inc.  
Board of Directors

<u>Name</u>	<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Nancy Eckerd Nichols	100 N. Starcrest Drive	Clearwater	FL	33765
James T. Swann	101 N. Starcrest Drive	Clearwater	FL	33766
V. Raymond Ferrarra	102 N. Starcrest Drive	Clearwater	FL	33767
Joseph W. Clark	103 N. Starcrest Drive	Clearwater	FL	33768
Eileen Kamerick	104 N. Starcrest Drive	Clearwater	FL	33769
Kennedy O'Herron	105 N. Starcrest Drive	Clearwater	FL	33770
Kevin Perry	106 N. Starcrest Drive	Clearwater	FL	33771
Dennis Hardiman	107 N. Starcrest Drive	Clearwater	FL	33772