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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90031 046 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 713804

1. Corporation Name

MANATEE YOUTH FOR CHRIST, INC.

Principal Place of Business

1901 30TH AVENUE WEST
BRADENTON FL 34205

Mailing Address

1901 30TH AVENUE WEST
BRADENTON FL 34205



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/14/1967	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-0999771	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CHRISTIAAN HUTH 5203 GULF DR. HOLMES BEACH FL 34217				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	CHAPLINSKY, MICHAEL	1.2 NAME	
STREET ADDRESS	4423-2ND AVE., N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	
NAME	CLOUD, GENE	2.2 NAME	
STREET ADDRESS	2620 MANATEE AVE W	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	STEVE QUESENBERY	3.2 NAME	
STREET ADDRESS	5901 35TH AVE W	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Michael Chaplinsky REQUIRED *miBE* CHAPLINSKY 1/11/99 (941) 747-4608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)