

FILE NOW: FILING FEE IS \$61.25

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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N11179 (1)**  
1. Corporation Name  
**SERTOMA YOUTH RANCH, INC.**



Principal Place of Business <b>85 MYERS RD BROOKSVILLE FL 34802-1295 US</b>	Mailing Address <b>PO BOX 1871 DADE CITY FL 33526-1871 US</b>
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3. Date Incorporated or Qualified <b>09/19/1985</b>	3a. Date of Last Report <b>02/01/1996</b>
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2. Principal Place of Business 21. <b>Same</b>	2a. Mailing Address 26. <b>Same</b>
Suite, Apt. #, etc. 22.	Suite, Apt. #, etc. 27.
City & State 23.	City & State 28.
Zip 24.	Country 25.
Zip 29.	Country 30.

4. FEI Number <b>59-2603520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BROOK, V JOHN JR  
695 CENTRAL AVE  
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOSSETT, FRED</b>	
STREET ADDRESS	<b>14804 15TH ST. N.</b>	
CITY - ST - ZIP	<b>LUTZ FL 33549</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RYBOLT, NAOMI</b>	
STREET ADDRESS	<b>6598 27TH STREET NORTH</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	<b>DVP3</b>	<input type="checkbox"/> DELETE
NAME	<b>GODBEY, ROBERT</b>	
STREET ADDRESS	<b>5028 FARLEY DR.</b>	
CITY - ST - ZIP	<b>HOLIDAY FL 34690</b>	
TITLE	<b>DVP2</b>	<input type="checkbox"/> DELETE
NAME	<b>NASHRALLAH, RICHARD</b>	
STREET ADDRESS	<b>6919 SENOJ DR</b>	
CITY - ST - ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKS, WILMA</b>	
STREET ADDRESS	<b>16041 BONNEVILLE DRIVE</b>	
CITY - ST - ZIP	<b>DADE CITY FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>HICKS, BILLY</b>	
STREET ADDRESS	<b>16041 BONNEVILLE DR</b>	
CITY - ST - ZIP	<b>DADE CITY FL 33525</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DP Phyllis Gossett</b>
1.3 STREET ADDRESS	<b>14804 15TH ST. N.</b>
1.4 CITY - ST - ZIP	<b>LUTZ FL 33549</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DVP Steve Dittman</b>
2.3 STREET ADDRESS	<b>4210 Blackwood Dr.</b>
2.4 CITY - ST - ZIP	<b>Zephyrhills, FL 33540</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: B. D. Hicks / Billy Hicks Feb. 2, 1997 352-561-4990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045648

CR2E037 (9/96)