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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N11179**

1. Corporation Name
SERTOMA YOUTH RANCH, INC.

Principal Place of Business	Mailing Address
65 MYERS RD BROOKSVILLE FL 34602-8295 US	PO BOX 1871 DADE CITY FL 33526-1871 US

2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 09/19/1985 4. FEI Number 59-2603520 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROOK, V JOHN JR 695 CENTRAL AVE ST PETERSBURG FL 33701	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	PHYLLIS GOSSETT		1.2 NAME	FRED GOSSETT	
STREET ADDRESS	14804 15TH ST. N.		1.3 STREET ADDRESS	14804 15TH STREET N.	
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DVP	☒ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	STEVE DITTMAN		2.2 NAME	DIANE WARHOLIC	
STREET ADDRESS	4210 BREEZEWOOD DR		2.3 STREET ADDRESS	2302C E. 138TH AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL		2.4 CITY-ST-ZIP	TAMPA FL 33613	
TITLE	DVP3	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GODBEY, ROBERT		3.2 NAME		
STREET ADDRESS	5026 FARLEY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34690		3.4 CITY-ST-ZIP		
TITLE	DVP2	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NASHRALLAH, RICHARD		4.2 NAME		
STREET ADDRESS	6919 SENOJ DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33610		4.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	5.1 TITLE	DS	☐ Change ☒ Addition
NAME	REEVES, ELLEN		5.2 NAME	WILMA HICKS	
STREET ADDRESS	11035 HARDING DR		5.3 STREET ADDRESS	36751 CLINTON AVE.	
CITY-ST-ZIP	PORT RICHEY FL 34668		5.4 CITY-ST-ZIP	Dade City, FL 33525	
TITLE	DT	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	HICKS, BILLY		6.2 NAME		
STREET ADDRESS	16041 BONNEVILLE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	DADE CITY FL ~~33525~~ 33523		6.4 CITY-ST-ZIP	Change Zip code to - 33523	

CR2E037 (11/98)

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: Billy Hicks BILLY HICKS Feb 6, 1999 352-567-4980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #