


FILE NOW: FILING FEE IS \$61.25 ^{-13.75}

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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90152 055 ****13.75
 04-14-1999 90152 056 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N36103
 1. Corporation Name
ORLANDO FAMILY CARE FOR YOUTH, INC.

Principal Place of Business: 4520 COLLEGE DRIVE, ORLANDO FL 32811
 Mailing Address: P.O. BOX 2264, EATONVILLE FL 32751



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified				
21	26	01/16/1990				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number				
22	27	65-0170699				
City & State	City & State	5. Certificate of Status Desired				
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required				
Zip	Country	24	25	29	30	6. Election Campaign Financing Trust Fund Contribution
24	25	29	30	<input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORRELL, JOSEPH ATTY. 501 N. MAGNOLIA AVENUE SUITE C ORLANDO FL 32801	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 _____ 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	CPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CLIFFORD	1.2 NAME	
STREET ADDRESS	600 LIME STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	EATONVILLE FL 32751	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, JACQUE F	2.2 NAME	
STREET ADDRESS	317 TEAKWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, CHARLOTTE	3.2 NAME	Author Threats
STREET ADDRESS	986 DREW STREET	3.3 STREET ADDRESS	2403 Stricker Drive
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	S and T, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, JAMES GEORGE	4.2 NAME	Hardy, James George
STREET ADDRESS	1020 GROVE STREET	4.3 STREET ADDRESS	1020 Grove Street
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	Maitland, FL 32751
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, TONY LARRY	5.2 NAME	
STREET ADDRESS	1047 PARKWOOD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GROVELAND FL 34736	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: C. [Signature] SIGNATURE REQUIRED 3-17-99 (407) 647-8593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UD74125

CR2E037 (1/198)