

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N9300000293 (1)**
1. Corporation Name

FLORIDA YOUTH FOUNDATION, INC.

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:16

Principal Place of Business 101 S. EVERS ST. PLANT CITY FL 33566 US	Mailing Address P.O. BOX 848 101 S. EVERS ST. PLANT CITY FL 33564-0848 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 05/01/1994
4. FEI Number APPLIED FOR 59-3193380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**GALLOWAY, DAVID H
101 S. EVERS ST.
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *David H. Galloway* *David H. Galloway* **1/7/95**
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTHLE, LEN	1.2 NAME	
STREET ADDRESS	2944 S. FLORIDA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VPTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, DAVID H.	2.2 NAME	
STREET ADDRESS	101 S. EVERS ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLYSON, RAY	3.2 NAME	
STREET ADDRESS	2407 KAREN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 resolver 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: *David H. Galloway* *David H. Galloway* **1/7/95** **813 754 3438**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Office #)