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May 08 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000293 (1)

1. Corporation Name

FLORIDA YOUTH FOUNDATION, INC.



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

3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 506 N ALEXANDER ST.

2a. Mailing Address

26 PO BOX 848

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PLANT CITY FL

City & State

27 PLANT CITY FL

Zip

24 33566

Country

25 U.S.A.

Zip

29 33564-0848

Country

30 U.S.A.

4. FEI Number
59-3193382

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BARTHLE, LEN
STREET ADDRESS 2944 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

TITLE VPTD ☐ DELETE

NAME GALLOWAY, DAVID H.
STREET ADDRESS 101 S. EVERS ST.
CITY-ST-ZIP PLANT CITY FL

TITLE STD ☐ DELETE

NAME ROLLYSON, RAY
STREET ADDRESS 2407 KAREN DR.
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: David H. Galloway VPTD

4/22/97

813 754 3438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046055

CR2E037 (9/96)