
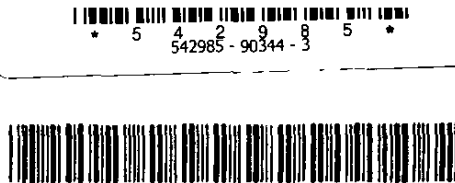


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Apr 29, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N93000000293		
1. Corporation Name FLORIDA YOUTH FOUNDATION, INC.		

Principal Place of Business 506 N ALEXANDER ST. PLANT CITY FL 33566 US	Mailing Address P.O. BOX 848 PLANT CITY FL 33564-0148 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 01/25/1993 4. FEI Number 59-3193382 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
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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 FL 85 Zip Code
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D & PRESIDENT SECRETARY
NAME	BARTHELE, LEN	1.2 NAME	GALLOWAY, DAVID H.
STREET ADDRESS	2944 S. FLORIDA AVE.	1.3 STREET ADDRESS	506 N ALEXANDER ST
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	VPTD	2.1 TITLE	DIRECTOR
NAME	GALLOWAY, DAVID H.	2.2 NAME	JOHN DWYER
STREET ADDRESS	101 S. EVERS ST.	2.3 STREET ADDRESS	506 N ALEXANDER ST
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	STD	3.1 TITLE	DIRECTOR
NAME	ROLLYSON, RAY	3.2 NAME	MAMIE WEST
STREET ADDRESS	2407 KAREN DR.	3.3 STREET ADDRESS	506 N ALEXANDER ST
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	PLANT CITY FL 33566
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 117, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E037 (11/98)