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Jun 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000006613 (1)
1. Corporation Name
BARTOW YOUTH PLANNING COMMITTEE, INC.



Principal Place of Business: 1255 W POLK STREET BARTOW FL 33830
Mailing Address: P O BOX 1924 BARTOW FL 33831-1924

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

3. Date Incorporated or Qualified: 12/26/1996
3a. Date of Last Report
4. FEI Number: 59 3431011 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
WASHINGTON, WILLIE L
710 N GORDON AVE
BARTOW FL 33830

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

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	SHEILA M. BELL
STREET ADDRESS		1.3 STREET ADDRESS	801 RUBY AVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BRENDA COOK
STREET ADDRESS		2.3 STREET ADDRESS	925 TANGELO DRIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	JERRY SANDERS
STREET ADDRESS		3.3 STREET ADDRESS	175 W. VALENCIA DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRES. & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RON GREEN
STREET ADDRESS		4.3 STREET ADDRESS	1590 WABASH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TREASURER & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WILLIE J. MYRICK JR.
STREET ADDRESS		5.3 STREET ADDRESS	45875 REMINGTON ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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.

CFR2E037 (9/96)