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**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005426 (8)
1. Corporation Name
YOUTH FOR CHRIST/HIGHLANDS COUNTY, INC.



Principal Place of Business 128 14 STREET SOUTH SEBRING FL 33870	Mailing Address 128 14 STREET SOUTH SEBRING FL 33870
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3. Date Incorporated or Qualified 09/22/1997
4. FEI Number 65-0784096 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 128 14th Street South Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 1526 Suite, Apt. #, etc.
23 Sebring, FL City & State 24 33870 25 U.S.A. Zip Country	27 Sebring, FL City & State 28 33871 29 U.S.A. Zip Country

9. Name and Address of Current Registered Agent
**SHIVES, SCOTT
128 14 STREET SOUTH
SEBRING FL 33870**

10. Name and Address of New Registered Agent

81 Name Scott Shives
82 Street Address (P.O. Box Number is Not Acceptable) 128 14th Street South
83
84 City Sebring 85 FL Zip Code 33870

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: *Scott Shives* **Scott Shives - Executive Director** 1-28-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	CAUSEY, JESSIE
STREET ADDRESS	PO BOX 306 N/A
CITY-ST-ZIP	LAKE PLACID FL 33862
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, LAURA
STREET ADDRESS	2850 TIVOLI ROAD
CITY-ST-ZIP	AVON PARK FL 33825
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SAPP, MARY
STREET ADDRESS	10 MEADOWLAKE CIR SO
CITY-ST-ZIP	LAKE PLACID FL 33852
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SAPP, ARLAN
STREET ADDRESS	10 MEADOWLAKE CIR SO
CITY-ST-ZIP	LAKE PLACID FL 33852
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WILSON, SAM
STREET ADDRESS	2850 TIVOLI ROAD
CITY-ST-ZIP	AVON PARK FL 33825
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CANFIELD, BETTY
STREET ADDRESS	1040 BRUNNS RD
CITY-ST-ZIP	SEBRING FL 33872

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vince Lohnes
3.3 STREET ADDRESS	4110 Somalia St.
3.4 CITY-ST-ZIP	Sebring, FL 33872
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul Purdy
4.3 STREET ADDRESS	200 E. Center
4.4 CITY-ST-ZIP	Sebring, FL 33870
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kathryn Durrance
5.3 STREET ADDRESS	1125 Peachtree Dr.
5.4 CITY-ST-ZIP	Lake Placid, FL 33852
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Scott Shives
6.3 STREET ADDRESS	128 14th St. S.
6.4 CITY-ST-ZIP	Sebring, FL 33870

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(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: *Scott Shives* **Scott Shives** 1-28-98 941-655-6150

CFR2037 (10/97)