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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005426

1. Corporation Name
YOUTH FOR CHRIST/HIGHLANDS COUNTY, INC.

Principal Place of Business 128 14 STREET SOUTH SEBRING FL 33870	Mailing Address P.O. BOX 1526 SEBRING FL 33871 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/22/1997
22 Suite, Apt. #, etc. 4451 sparta Rd	27 Suite, Apt. #, etc.	4. FEI Number 65-0784096
23 City & State Sebring, FL	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33872	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CAUSEY, JESSIE <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUSEY, JESSIE	1.2 NAME	Osterlund, Tim
STREET ADDRESS	PO BOX 306 N/A	1.3 STREET ADDRESS	6944 CR 17 SOUTH
CITY-ST-ZIP	LAKE PLACID FL 33862	1.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	D WILSON, LAURA <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LAURA	2.2 NAME	Shives, Scott (correction only in spelling last name)
STREET ADDRESS	2850 TIVOLI ROAD	2.3 STREET ADDRESS	128 14th St S.
CITY-ST-ZIP	AVON PARK FL 33825	2.4 CITY-ST-ZIP	Sebring, FL 33870
TITLE	D LOHNES, VINCE <input type="checkbox"/> DELETE	3.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHNES, VINCE	3.2 NAME	causey, Jessie (change in title)
STREET ADDRESS	4110 SOMALIA ST	3.3 STREET ADDRESS	P.O. Box 306 N/A
CITY-ST-ZIP	SEBRING FL 33872	3.4 CITY-ST-ZIP	LAKE PLACID, FL 33862
TITLE	D PURDY, PAUL <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURDY, PAUL	4.2 NAME	Durrance, Kathryn
STREET ADDRESS	200 E CENTER	4.3 STREET ADDRESS	1125 Peachtree Dr
CITY-ST-ZIP	SEBRING FL 33870	4.4 CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D DURRANCE, KATHRYN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURRANCE, KATHRYN	5.2 NAME	
STREET ADDRESS	1125 PEACHTREE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	5.4 CITY-ST-ZIP	
TITLE	D SHIVERS, SCOTT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVERS, SCOTT	6.2 NAME	
STREET ADDRESS	128 14TH ST S	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL 33870	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 617, 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: Scott Shives RESCOTT SHIVES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-99 941-386-0005
 Date Daytime Phone #

CR2E037 (1/198)