


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90471 001 \*\*\*472.50

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<b>DOCUMENT # N98000001812</b> 1. Entity Name <b>FLORIDA YOUTH CONSERVATION CORPS, INC.</b>						
Principal Place of Business <b>36546 THORNHEAVEN LANE DADE CITY, FL 33523</b>			Mailing Address <b>36546 THORNHEAVEN LANE DADE CITY, FL 33523</b>			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip		Country		Zip		
				Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
<b>COLOM, BARTOLOME 36424 FLORRIE MAE LANE DADE CITY, FL 33352-6541</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
				<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>JP</b> <b>COLOM, BARTOLOME</b> <b>36424 FLORRIE MAE LN</b> <b>DADE CITY, FL 33523</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>AIDA NORTON</b> <b>1732 LINDA VISTA CIRCLE</b> <b>LUTZ FL 33549</b>	
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>D</b> <b>COLOM, ROSA</b> <b>36424 FLORRIE MAE LN</b> <b>DADE CITY, FL 33523</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>LOURDES ESPARZA</b> <b>36432 FLORRIE MAE LANE</b> <b>DADE CITY FL 33523</b>	
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>D</b> <b>PAULA, JUAN</b> <b>15873 SW 150 TERR</b> <b>MIAMI, FL 33196</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>ROSA POLANCO</b> <b>15873 SW 150 TERRACE</b> <b>MIAMI FL 33196</b>	
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <b>JP</b> <b>NORTON, BRENDAN</b> <b>17320 LINDA VISTA CIRCLE</b> <b>LUTZ, FL 33549</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>MYRNA COLOM</b> <b>36546 THORNHEAVEN LANE</b> <b>DADE CITY FL 33523</b>	
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>T</b> <b>COLOM, BART JR</b> <b>1000 CUT OFF BRANCH</b> <b>OVIEDO, FL 32765</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>DANIEL MORALES</b> <b>8334 PADDLE WHEEL ST.</b> <b>TAMPA FL 33637</b>	
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> <b>S</b> <b>BLACKMON, TERRY</b> <b>5746 LOMA VISTA DR W</b> <b>DAVENPORT, FL 33896</b>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>BRUNILA FOWLER</b> <b>1000 CUT OFF BRANCH</b> <b>DADE CITY FL 33523</b>	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> _____ <b>SECRETARY</b> <span style="float: right;">5/12/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						