

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000096219 (7)
1. Corporation Name
YOUTH AND FAMILY CENTERED SERVICES OF FLORIDA, I
NC.

Principal Place of Business	Mailing Address
12012 BOYETTE RD. RIVERVIEW FL 33569 US	2 PARK CENTER COURT SUITE 200 OWINGS MILLS MD 21117

2. Principal Place of Business		2a. Mailing Address	
21		26	1705 CAPITAL OF TX Hwy 500
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22		27	SUITE 500
	City & State		City & State
23		28	AUSTIN, TEXAS
	Zip		Zip
24		29	78746
	Country		Country
25		30	TRANS

9. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13.	
TITLE	PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE		
NAME	FELDON, HENRY D		1.2 NAME		
STREET ADDRESS	2 PARK CENTER COURT, SUITE 200		1.3 STREET ADDRESS		
CITY - ST - ZIP	OWINGS MILLS MD		1.4 CITY - ST - ZIP		
TITLE	C	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		
NAME	HINDMAN, W. JAMES		2.2 NAME		
STREET ADDRESS	2 PARK CENTER COURT, SUITE 200		2.3 STREET ADDRESS		
CITY - ST - ZIP	OWINGS MILLS MD		2.4 CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
NAME	MOONEY, WILLIAM		3.2 NAME		
STREET ADDRESS	2 PARK CENTER COURT		3.3 STREET ADDRESS		
CITY - ST - ZIP	OWINGS MILLS MD		3.4 CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		
NAME	COLE, TIMOTHY P		4.2 NAME		
STREET ADDRESS	2 PARK CENTER COURT, STE. 200		4.3 STREET ADDRESS		
CITY - ST - ZIP	OWINGS MILLS MD		4.4 CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
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		

[illegible]

3. Date Incorporated or Qualified 12/20/1995	
4. FEI Number 52-1955335	Applied For 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

FL		85	Zip Code
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ation submits this statement for the purpose of changing its registered
on's board of directors. I hereby accept the appointment as registered

DATE _____

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
D VIN SHEEHAN 15 CAPITOL OF TX HWY SOUTH, STE 500 ASTIN, TEXAS 78746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ACK NUNAN 15 CAPITOL OF TX HWY SOUTH, STE 500 ASTIN, TEXAS 78746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
ART McLEAN 15 CAPITOL OF TX HWY SOUTH, STE 500 ASTIN, TEXAS 78746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Section 119.07(3)(I), Florida Statutes. I further certify that the information
I shall have the same legal effect as if made under oath; that I am an
attorney at law admitted by Chapter 607, Florida Statutes; and that my name appears in

CR2E034 (10/97)