

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



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

DOCUMENT # 700490

(6)

1. Corporation Name

SHADY GROVE YOUTH CAMP INC



Principal Place of Business

Mailing Address

511 YOUTH CAMP RD  
P.O. BOX 574003  
ORLANDO FL 32857-1003

511 YOUTH CAMP RD  
P.O. BOX 574003  
ORLANDO FL 32857-1003

3. Date Incorporated or Qualified

02/24/1960

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANNEY, A. C.  
511 YOUTH CAMP RD  
GROVELAND FL 34736

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME JANNEY, REV. A.C.  
STREET ADDRESS 511 YOUTH CAMP RD  
CITY-ST-ZIP GROVELAND FL

TITLE SD ☐ DELETE

NAME JANNEY, ELINOR  
STREET ADDRESS 511 YOUTH CAMP RD  
CITY-ST-ZIP GROVELAND FL

TITLE VD ☐ DELETE

NAME JANNEY, CARLTON  
STREET ADDRESS 7834 WINTER SONG DR 51  
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME JANNEY, DAVID  
STREET ADDRESS 1515 ENSENADA DR.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96

Date

352-7874825

Daytime Phone #

CR2E037 (12/95)