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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 701238 (8)

1. Corporation Name

BOYS AND GIRLS CLUBS OF CENTRAL FLORIDA, INC.

Principal Place of Business

801 NORTH MAGNOLIA AVENUE
P.O. BOX 2987
ORLANDO FL 32803

Mailing Address

801 NORTH MAGNOLIA AVENUE
P.O. BOX 2987
ORLANDO FL 32803-3851



3. Date Incorporated or Qualified 07/25/1960	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0951887	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAIN, GARY W.
801 NORTH MAGNOLIA AVE.
#305
ORLANDO FL 32803

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUMBACK, WESLEY W.	
STREET ADDRESS	728 GLEN EAGLE DR.	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CANIN, MYRNA F	
STREET ADDRESS	500 DELANEY AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MCDOWELL, BRIAN	
STREET ADDRESS	1021 ALMOND TREE CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VCBD	<input type="checkbox"/> DELETE
NAME	CALCUTT, ROBERT	
STREET ADDRESS	300 E. GREENTREE LANE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAIN, GARY W.	
STREET ADDRESS	801 N. MAGNOLIA BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, JEFF	
STREET ADDRESS	2884 OLD CASTLE DRIVE	
CITY-ST-ZIP	WINTER PARK FL	

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Douglas F. Long	
1.3 STREET ADDRESS	12540 Park Avenue	
1.4 CITY-ST-ZIP	Windermere, FL 34786	
2.1 TITLE	VCBD	<input checked="" 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 type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAIN	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Matthew R. Lange	
6.3 STREET ADDRESS	343 Lexington Drive	
6.4 CITY-ST-ZIP	Orlando, Florida 32828	

14. I do 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.

SIGNATURE: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/97

Date

Daytime Phone # 0016293

CR2E037 (9/96)