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Secretary of State

03-26-1999 90029 008 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701238

1. Corporation Name

BOYS AND GIRLS CLUBS OF CENTRAL FLORIDA, INC.

Principal Place of Business

**801 NORTH MAGNOLIA AVENUE
SUITE 305
ORLANDO FL 32803
US**

Mailing Address

**P.O. BOX 2987
ORLANDO FL 32802
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	801 N Magnolia Ave	26	PO Box 2987	07/25/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	305	27		59-0951887	
City & State		City & State		Applied For	
23	Orlando FL	Orlando FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	32803	32802		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country			
25	USA	USA			

9. Name and Address of Current Registered Agent

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

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

FL

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

Gary W. Cain

Gary W. Cain

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	VCBD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, DOUGLAS F	1.2 NAME	
STREET ADDRESS	12540 PARK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANIN, MYRNA F	2.2 NAME	
STREET ADDRESS	500 DELANEY AVENUE SUITE 404	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, JACQUELINE	3.2 NAME	
STREET ADDRESS	5336 ISLEWORTH COUNTRY CLUB LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINDEMERE FL 34786	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALCUTT, ROBERT	4.2 NAME	
STREET ADDRESS	300 E. GREENTREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, GARY W	5.2 NAME	
STREET ADDRESS	801 N. MAGNOLIA AVENUE, SUITE 305	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGE, MATTHEW R	6.2 NAME	
STREET ADDRESS	343 LEXINGDALE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32828	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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-99

407-236-5107

Date

Daytime Phone #