

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 MAY -1 PM 7:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 709089 (7)
1. Corporation Name
PALMETTO YOUTH CENTER

Principal Place of Business Mailing Address
**501 17TH STREET WEST
P.O. BOX 608
PALMETTO, FL 34220**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/04/1965** 3a. Date of Last Report **07/22/1994**

4. FEI Number **59-1090377** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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
**TAYLOR, FRANKLIN P.
815 32ND STREET E.
PALMETO FL 34221**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARPER, ALEX, JR.
STREET ADDRESS	102 17TH STREET N. E.
CITY - ST - ZIP	BRADENTON FL
TITLE	V
NAME	SANDERS, OSCAR
STREET ADDRESS	3109 9TH AVE. DR. E
CITY - ST - ZIP	PALMETTO FL 34221
TITLE	S
NAME	SAILES, GLADYS M
STREET ADDRESS	1408 - 26TH ST. CT. E.
CITY - ST - ZIP	PALMETTO FL
TITLE	T
NAME	MCELROY, GWENDOLYN
STREET ADDRESS	620 - 29TH ST., E.
CITY - ST - ZIP	PALMETTO FL
TITLE	D
NAME	SHANNON, EDDIE
STREET ADDRESS	216 18TH ST E.
CITY - ST - ZIP	PALMETTO FL 34221
TITLE	D
NAME	COVINGTON, LILLIE M.
STREET ADDRESS	3104 9 AVE DR E
CITY - ST - ZIP	PALMETTO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	700001480027
13 STREET ADDRESS	-05/09/95--01020--023
14 CITY - ST - ZIP	*****75.00 *****75.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

T.S. 5/6/95

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 110.07(3)(s), Florida Statutes. I further certify that the information included 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 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: *Alex Harper, Jr.* **4-25-95** **813-722-5272**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR