

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90156 022 ****75.00

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DOCUMENT # 709089

1. Corporation Name

PALMETTO YOUTH CENTER

Principal Place of Business

501 17TH STREET WEST
P.O. BOX 608
PALMETTO, FL 34220

Mailing Address

501 17TH STREET WEST
P.O. BOX 608
PALMETTO, FL 34220



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

06/04/1965

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

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 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 PD
NAME HARPER, ALEX, JR.
STREET ADDRESS 102 17TH STREET N. E.
CITY-ST-ZIP BRADENTON FL

☐ DELETE

TITLE D
NAME SANDERS, OSCAR
STREET ADDRESS 3109 9TH AVE. DR. E
CITY-ST-ZIP PALMETTO FL 34221

☐ DELETE

TITLE V
NAME SAILES, GLADYS M
STREET ADDRESS 1408 - 26TH ST. CT. E.
CITY-ST-ZIP PALMETTO FL 34221

☐ DELETE

TITLE T
NAME MCELROY, GWENDOLYN
STREET ADDRESS 620 - 29TH ST., E.
CITY-ST-ZIP PALMETTO FL

☐ DELETE

TITLE D
NAME SHANNON, EDDIE
STREET ADDRESS 216 18TH ST E.
CITY-ST-ZIP PALMETTO FL 34221

☐ DELETE

TITLE D
NAME COVINGTON, LILLIE M.
STREET ADDRESS 3104 9 AVE DR E
CITY-ST-ZIP PALMETTO FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)