|   | FILE NOW: FI   | FILED   |   |   |  |   |                                    |  |                                      |                            |
|---|--|---|---|---|--|---|------------------------------------|--|--------------------------------------|----------------------------|
|   |  | F   | FLORIDA DEPARTMENT OF STATE                         |   |  | Mar 17 1998 8:00an  |                                    |  |                                      |                            |
|   | APORATION JAL REPORT   |   |   | B. Morth<br>tary of Stat  |  | 1   |                                    |  |                                      |                            |
| 1998  |  | TTER .  | DIVISION OF CORPORATIONS                            |   |  | Secretary of State  |                                    |  |                                      |                            |
|   | MENT # 71460   | 00  | (4)   |   |  |   |                                    |  |                                      |                            |
|   | YOUTH RANCH, INC.  |   |   |   |  |   |                                    |  |                                      |                            |
|   |  |   |   |   |  |   |                                    |  |                                      |                            |
| rincipal Place of Business Malling Address  |  |   |   |   |  | ( 1 <b>20</b> 311 (0031 31811 0101)   | I DINK ODKIK UDIK U                | INE OFOR DEPE                                | ULUN UL                              | BIA BIQIN NQON             |
| DIO DELEON STREET 3010 DELEON STREET<br>AMPA FL 33609 TAMPA FL 33609  |  |   |   |   |  | 3. Date Incorporated or Qualified<br>05/15/1968   |                                    |  |                                      |                            |
|   |  |   |   |   |  | 4. FEI Number<br>59-1237868   |                                    |  |                                      | plied For                  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 2a. Mailing Address<br>26                                     |   |   | 5. Certificate of Status D   | esired 🔽  |                                    | .75 /  | Additional<br>equired                |                            |
|   |  | Suite, Apt. #, etc.   |   |   |  | 6. Election Campaign Financing \$5.00 May Be<br>Trust Fund Contribution Added to Fees                               |                                    |  |                                      |                            |
| City & State  | e  |   | State   |   |  | 7. Is this nonprofit corpor   | ration a homeo                     |  |                                      |                            |
| Zip   | Country<br>25  | 20<br>Zip<br>29   |   | Col   | intry  | 8. This corporation owes<br>Personal Property Tax   | or has paid th                     |  |                                      | angible<br>No              |
|   | 9. Name and Address of Curr  |   | Agent   |   | 81 Name  | 10. Name and Address of   |                                    |  |                                      |                            |
|   |  |   |   |   | •  |   |                                    | FL <sup> 85</sup>                            |                                      |                            |
| Pursuant :<br>Office or re<br>agent. I ar   | to the provisions of Sections 617.0<br>egistered agent, or both, in the Sta<br>m familiar with, and accept the ob  | 502 and 617.150<br>ate of Florida, Sud<br>ligations of, Secti | 8, Florida Statu<br>ch change was<br>on 617,0503, F | utes, the al<br>authorize<br>lorida Stat  | bove-named co<br>d by the corpora<br>utes.   | rporation submits this statemer<br>ation's board of directors. I her  |                                    |  | ging Iti<br>ant as                   | s registered<br>registered |
| IGNATURE  | to the provisions of Sections 617.0<br>egistered agent, or both, in the Ste<br>m familiar with, and accept the ob<br>Signature, typed or printed name of registered  |   |   |   |  |   | t for the purpo<br>eby accept the  |  | ging Iti<br>ant as                   | s registered<br>registered |
| IGNATURE _<br>2.  | Signature, typed or printed name of registered<br>OFFICERS A   |   | uble. (NC   | DTE: Registere<br>13.   | d Agent signature req  | rporation submits this statemer<br>ation's board of directors. I her<br>ured when reinstating)<br>ADDITIONS/CHANGES | it for the purpo<br>eby accept the | ATE  | CTOR                                 | S IN 12                    |
| GNATURE _   | Signature, typed or printed name of registered<br>OFFICERS A   | agent and title if applica                                    | ible. (NC   | DTE: Registerer<br>13.<br>1.1 Ti  | d Agent signature req<br>ILE   | uired when reinstating)   | it for the purpo<br>eby accept the | appointme                                    | CTOR                                 | S IN 12                    |
| GNATURE _<br>2.<br>ILE<br>IME<br>REET ADDRESS   | Signature, typed or printed name of registered<br>OFFICERS A<br>PD<br>UNDSTROM, MILTON H.<br>3010 DELEON STREET  | agent and title if applica                                    | uble. (NC   | DTE: Registere<br><b>13.</b><br>1.1 TI<br>1.2 N<br>1.9 S1   | d Agent signature req<br>TLE<br>IME<br>IREET ADDRESS   | uired when reinstating)   | it for the purpo<br>eby accept the | ATE  | CTOR                                 | S IN 12                    |
| GNATURE _<br>L.<br>LE<br>ME<br>REET ADDRESS<br>IY-ST-ZIP  | Signature, typed or printed name of registered<br>OFFICERS A<br>PD<br>UNDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL  | agent and title if applica                                    | uble. (NC   | DTE: Registere<br><b>13.</b><br>1.1 TI<br>1.2 N<br>1.9 S1   | d Agent signature requires the signature requ | uired when reinstating)   | it for the purpo<br>eby accept the | ATE  | CTOR<br>ange                         | S IN 12                    |
| GNATURE _<br>LE<br>ME<br>REET ADDRESS<br>IY-ST-ZIP<br>LE  | Signature, typed or printed name of registered<br>OFFICERS A<br>PD<br>UNDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS  | agent and title if applica                                    | IDIO. (NC   | DTE: Registera<br><b>13.</b><br>1.1 Ti<br>1.2 No<br>1.3 Si<br>1.4 Ci  | d Agent signature req<br>ILE<br>IME<br>REET ADDRESS<br>TY-ST-ZIP<br>ILE  | uired when reinstating)   | it for the purpo<br>eby accept the | se of change<br>appointme<br>ATE<br>AND DIRE | CTOR<br>ange                         | S IN 12                    |
| GNATURE _<br>LE<br>ME<br>REET ADDRESS<br>IY-ST-ZIP<br>LE<br>ME<br>REET ADDRESS  | Signature, typed or printed name of registered<br>OFFICERS A<br>PD<br>UNDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD  | agent and title if applica                                    | IDIO. (NC   | DTE: Registere<br><b>13.</b><br>1.1 Ti<br>1.2 N<br>1.9 ST<br>1.4 Ci<br>2.1 Ti<br>2.2 N<br>2.3 ST  | d Agent signature requirements<br>ILE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>ILE<br>IME<br>REET ADDRESS  | uired when reinstating)   | it for the purpo<br>eby accept the | se of change<br>appointme<br>ATE<br>AND DIRE | CTOR<br>ange                         | S IN 12                    |
|   | Signature, typed or printed name of registered<br>OFFICERS A<br>PD<br>UNDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD<br>TAMPA FL  | agent and title if applica                                    | IDIO. (NC   | DTE: Registere<br><b>13.</b><br>1.1 Ti<br>1.2 N<br>1.9 ST<br>1.4 Ci<br>2.1 Ti<br>2.2 N<br>2.3 ST  | d Agent signature req<br>ILE<br>IME<br>REET ADORESS<br>TY - ST - ZIP<br>ILE<br>ME<br>REET ADDRESS<br>ITY - ST - ZIP  | uired when reinstating)   | it for the purpo<br>eby accept the | se of change<br>appointme<br>ATE<br>AND DIRE | CTOR<br>Nange                        |                            |
| GNATURE _<br>2.<br>ILE<br>ME<br>REET ADDRESS<br>IY-ST-ZIP<br>LE<br>ME<br>REET ADDRESS<br>IY-ST-ZIP<br>LE  | Signature, typed or printed name of registered<br>OFFICERS /<br>PD<br>UNDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD<br>TAMPA FL<br>SD<br>JIRETZ, JOHN L.                           | agent and title if applica                                    | idie. (MC   | DTE: Registere<br>13.<br>1.1 Ti<br>1.2 NJ<br>1.3 Si<br>1.4 Ci<br>2.1 Tf<br>2.2 NJ<br>2.3 Si<br>2.4 C  | d Agent signature req<br>ILE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>ILE<br>ITY - ST - ZIP<br>ILE   | uired when reinstating)   | it for the purpo<br>eby accept the | ATE<br>ATE<br>AND DIRE<br>Ch                 | CTOR<br>Nange                        | S IN 12                    |
| GNATURE _<br>LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP<br>LE<br>REET ADDRESS<br>Y-ST-ZIP<br>LE<br>ME<br>REET ADDRESS   | Signature, typed or printed name of registered<br>OFFICERS /<br>PD<br>LINDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD<br>TAMPA FL<br>SD<br>JIRETZ, JOHN L.<br>1402 W. KENNEDY BLVD. | agent and title if applica                                    | idie. (MC   | DTE: Registero<br>13.<br>1.1 Ti<br>1.2 NJ<br>1.3 ST<br>1.4 Cl<br>2.1 Ti<br>2.2 NJ<br>2.3 ST<br>2.4 C<br>3.1 Ti<br>3.2 NJ<br>3.3 ST  | d Agent algnature req<br>TLE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>TLE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>TLE<br>ILE<br>IME<br>REET ADDRESS   | uired when reinstating)   | it for the purpo<br>eby accept the | ATE<br>ATE<br>AND DIRE<br>Ch                 | CTOR<br>Nange                        | S IN 12                    |
| GNATURE _<br>LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP<br>LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP<br>LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP   | Signature, typed or printed name of registered<br>OFFICERS /<br>PD<br>UNDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD<br>TAMPA FL<br>SD<br>JIRETZ, JOHN L.                           | agent and title if applica                                    | IDIELETE  | DTE: Registero<br>13.<br>1.1 Ti<br>1.2 NJ<br>1.4 Cl<br>2.1 Ti<br>2.2 NJ<br>2.3 SI<br>2.4 C<br>3.1 Ti<br>3.2 NJ<br>3.3 ST<br>3.4 C   | d Agent algnature req<br>TLE<br>WME<br>REET ADDRESS<br>TY-ST-ZIP<br>TLE<br>WME<br>REET ADDRESS<br>TY-ST-ZIP<br>TLE<br>MME<br>REET ADDRESS<br>TY-ST-ZIP   | uired when reinstating)   | it for the purpo<br>eby accept the | appointme                                    | CTOR<br>lange<br>lange               | S IN 12<br>Addition        |
| GNATURE _<br>   | Signature, typed or printed name of registered<br>OFFICERS /<br>PD<br>LINDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD<br>TAMPA FL<br>SD<br>JIRETZ, JOHN L.<br>1402 W. KENNEDY BLVD. | agent and title if applica                                    | idie. (MC   | DTE: Registero<br>13.<br>1.1 Ti<br>1.2 NJ<br>1.3 ST<br>1.4 Cl<br>2.1 Ti<br>2.2 NJ<br>2.3 ST<br>2.4 C<br>3.1 Ti<br>3.2 NJ<br>3.3 ST  | d Agent algnature req<br>TLE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>TLE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>TLE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>TLE  | uired when reinstating)   | it for the purpo<br>eby accept the | ATE<br>ATE<br>AND DIRE<br>Ch                 | CTOR<br>lange<br>lange               | S IN 12<br>Addition        |
| GNATURE _<br>   | Signature, typed or printed name of registered<br>OFFICERS /<br>PD<br>LINDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD<br>TAMPA FL<br>SD<br>JIRETZ, JOHN L.<br>1402 W. KENNEDY BLVD. | agent and title if applica                                    | IDIELETE  | DTE: Registero<br>13.<br>1.1 Ti<br>1.2 NV<br>1.3 SI<br>1.4 Cl<br>2.1 Ti<br>2.2 NV<br>2.3 SI<br>2.4 C<br>3.1 Ti<br>3.2 NV<br>3.3 ST<br>3.4. C<br>4.1 Ti<br>4.2 N   | d Agent algnature req<br>TLE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>TLE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>TLE<br>IME<br>REET ADDRESS<br>TY - ST - ZIP<br>TLE  | uired when reinstating)   | it for the purpo<br>eby accept the | appointme                                    | CTOR<br>lange<br>lange               | S IN 12                    |
| GNATURE _<br>   | Signature, typed or printed name of registered<br>OFFICERS /<br>PD<br>LINDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD<br>TAMPA FL<br>SD<br>JIRETZ, JOHN L.<br>1402 W. KENNEDY BLVD. | agent and title if applica                                    | IDIELETE  | DTE: Registero<br>13.<br>1.1 Ti<br>1.2 NV<br>1.3 Si<br>1.4 Ci<br>2.1 Ti<br>2.2 NV<br>2.3 Si<br>2.4 C<br>3.1 Ti<br>3.2 N/<br>3.3 Si<br>3.4 C<br>4.1 Ti<br>4.2 N<br>4.3 Si  | d Agent algnature req<br>TLE<br>ILE<br>IME<br>REET ADDRESS<br>TY-ST-ZIP<br>ILE<br>ILE<br>IME<br>REET ADDRESS<br>TY-ST-ZIP<br>ILE<br>IME<br>REET ADDRESS<br>TY-ST-ZIP<br>ILE<br>AME<br>REET ADDRESS<br>TY-ST-ZIP  | uired when reinstating)   | it for the purpo<br>eby accept the | ATE<br>AND DIRE                              | CTOR<br>aange<br>aange<br>aange      | S IN 12<br>Addition        |
| GNATURE _<br>   | Signature, typed or printed name of registered<br>OFFICERS /<br>PD<br>LINDSTROM, MILTON H.<br>3010 DELEON STREET<br>TAMPA FL<br>VD<br>JONES, DOUGLAS<br>1196 LAKE JAMES ROAD<br>TAMPA FL<br>SD<br>JIRETZ, JOHN L.<br>1402 W. KENNEDY BLVD. | agent and title if applica                                    | IDIELETE  | 016: Registero<br>13.<br>1.1 Ti<br>1.2 NV<br>1.3 Si<br>1.4 Ci<br>2.1 Ti<br>2.2 NV<br>2.3 Si<br>2.4 C<br>3.1 Ti<br>3.2 NV<br>3.3 Si<br>3.4 C<br>4.1 Ti<br>4.2 N<br>4.3 Si  | d Agent algnature req<br>TLE<br>IME<br>REET ADDRESS<br>TY-ST-ZIP<br>TLE<br>ILE<br>IME<br>REET ADDRESS<br>TY-ST-ZIP<br>ILE<br>AME<br>REET ADDRESS<br>TY-ST-ZIP<br>ILE<br>ILE  | uired when reinstating)   | it for the purpo<br>eby accept the | appointme                                    | CTOR<br>aange<br>aange<br>aange      | S IN 12<br>Additio         |
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SIGNATURE: Millow H CHETTING METOWIHEDINDSTROM

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