

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 716883

(4)

1. Corporation Name

SEMINOLE YOUTH RANCH, INC.



Principal Place of Business

Mailing Address

% EGGARS
301 BLUE LAKE DRIVE
LONGWOOD FL 32779-3505

% EGGARS
301 BLUE LAKE DRIVE
LONGWOOD FL 32779-3505

3. Date Incorporated or Qualified
07/15/1969

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

23-7193888

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

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EGGARS, JOHN M.
301 BLUE LAKE DR.
LONGWOOD FL 32750

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 of Registered Agent required when translating)

(Signature of Registered Agent required when translating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE PD
2. NAME GUY, ALAN M., DR.
3. STREET ADDRESS 239 FLAME AVE.
4. CITY-STATE-ZIP MAITLAND FL
5. TITLE VD
6. NAME GERALD, LEROY
7. STREET ADDRESS 204 SABAL DRIVE
8. CITY-STATE-ZIP LONGWOOD FL
9. TITLE TD
10. NAME EGGARS, JOHN M.
11. STREET ADDRESS 301 BLUE LAKE DR
12. CITY-STATE-ZIP LONGWOOD FL
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
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100. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAME

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
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98. NAME
99. STREET ADDRESS
100. CITY-STATE-ZIP

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Director

Director Phone #

CR2E037 (12/95)