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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 717474

1. Corporation Name

SOUTH COUNTY YOUTH AND RECREATIONAL CENTER, INC.

4 7 2 2 3 6
 472236 - 90077 - 49

Principal Place of Business

Mailing Address

3515 53RD AVE. EAST
 ONECO FL 34264

3515 53RD AVE. EAST
 ONECO FL 34264



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/30/1969

22 City & State

27 City & State

4. FEI Number
59-1271457

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMONS, LEONARD D.
1800 51ST AVE. EAST
BRADENTON FL

81 Name **Robert Hughes**

82 Street Address (P.O. Box Number is Not Acceptable)
4103 24th St W. #315

83

84 City **Bradenton**

FL

85 Zip Code **34205**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** DELETE
 NAME **RILEY, CONNIE**
 STREET ADDRESS **5620 43RD AVE**
 CITY-ST-ZIP **BRADENTON FL**

1.1 TITLE **PD** Change Addition
 1.2 NAME **Roger Dorics**
 1.3 STREET ADDRESS **3204 61st St E.**
 1.4 CITY-ST-ZIP **Dalmeida Fla. 34221**

TITLE **STD** DELETE
 NAME **SELLERS, MARY ANN**
 STREET ADDRESS **P.O. BOX 348 N/A**
 CITY-ST-ZIP **ONECO FL**

2.1 TITLE **VPD-TD** Change Addition
 2.2 NAME **Robert Hughes**
 2.3 STREET ADDRESS **4103 24th St W. #315**
 2.4 CITY-ST-ZIP **Bradentony Fla. 34205**

TITLE **PD** DELETE
 NAME **BOYETTE, KATHY**
 STREET ADDRESS **1906 ZIPPERER ROAD**
 CITY-ST-ZIP **BRADENTON FL**

3.1 TITLE **SD** Change Addition
 3.2 NAME **Mary Ann Dorics**
 3.3 STREET ADDRESS **P.O. Box 1137**
 3.4 CITY-ST-ZIP **ONECO Fla. 34264**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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:

Robert Hughes SIGNATURE REQUIRED + Presume 4/26/99 758-7605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)