

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 725616 (7)

1. Corporation Name

ANTIOCH YOUTH ACTIVITIES, INC.

Principal Place of Business

P. O. BOX 60  
THONOTOSASSA FL 33592-0060  
US

Mailing Address

P. O. BOX 60  
THONOTOSASSA FL 33592-0060  
US

97 OCT -2 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified  
02/19/1973

3a. Date of Last Report  
06/25/1996

2. Principal Place of Business

21 8522 Franklin Rd

Suite, Apt. #, etc.

City & State

23 Plant City FL

Zip

24 33565

Country

25 USA

2a. Mailing Address

26 P.O. Box 210

Suite, Apt. #, etc.

City & State

28 Seffner FL

Zip

29 33584

Country

30 USA

4. FEI Number

59-2863410

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

BROWN, MICHAEL N  
12430 KELSO ROAD  
THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent

81 Name

JEFF RILEY

82 Street Address (P.O. Box Number is Not Acceptable)

5202 POEL RD

83

84 City

Plant City

FL

85 Zip Code

33565

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  
JEFF RILEY

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-7-97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SETTLE, BILL  
STREET ADDRESS P O BOX 1411  
CITY-ST-ZIP THONOTOSASSA FL

TITLE VD ☒ DELETE

NAME RILEY, JEFF  
STREET ADDRESS 5202 N POEL RD  
CITY-ST-ZIP PLANT CITY FL

TITLE SD ☒ DELETE

NAME WHITMORE, DEBBIE  
STREET ADDRESS 6516 IKE SMITH ROAD  
CITY-ST-ZIP PLANT CITY FL 33565

TITLE T ☒ DELETE

NAME WILSON, KATHY  
STREET ADDRESS 14310 HWY 301 NORTH  
CITY-ST-ZIP THONOTOSASSA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME RILEY, JEFF  
1.3 STREET ADDRESS 5202 POEL RD  
1.4 CITY-ST-ZIP Plant City FL 33565

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME Janis Russo  
2.3 STREET ADDRESS 40 Walnut Loop  
2.4 CITY-ST-ZIP Plant City FL 33565

3.1 TITLE SD ☐ Change ☒ Addition

3.2 NAME KATHY Townsend  
3.3 STREET ADDRESS 10820 Florence Ave  
3.4 CITY-ST-ZIP Thonotosassa, FL 33592

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 700002315497--7  
4.4 CITY-ST-ZIP -10/08/97--01110--023  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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 do 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.

CR2E037 (9/96)