


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 727176 (0) 1. Corporation Name SAN ANTONIO BOYS VILLAGE, INC.					
Principal Place of Business BOYS VILLAGE DRIVE P. O. BOX 505 SAN ANTONIO FL 33576		Mailing Address BOYS VILLAGE DRIVE P. O. BOX 505 SAN ANTONIO FL 33576		3. Date Incorporated or Qualified 08/15/1973	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		4. FEI Number 59-1473991 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. Name and Address of Current Registered Agent BEAUMONT, ROBERT "BOB" NORTH CURLEY STREET SAN ANTONIO FL 33576			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	CLARK, TOM				
STREET ADDRESS	12061 TIMBER RUN				
CITY-ST-ZIP	DADE CITY FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BRONER, WILLIE				
STREET ADDRESS	36850 STATE RD. 52				
CITY-ST-ZIP	DADE CITY FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SCHRADER, TOM				
STREET ADDRESS	1042 N. CURLEY ST.				
CITY-ST-ZIP	SAN ANTONIO FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ASH, DIAN				
STREET ADDRESS	323 E. LAKE DRIVE				
CITY-ST-ZIP	LAND O'LAKES FL				
TITLE	TSD	<input type="checkbox"/> DELETE			
NAME	POWERS, ALLAN				
STREET ADDRESS	622 CURLEY ST.				
CITY-ST-ZIP	SAN ANTONIO FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SUSTMAN, FRED				
STREET ADDRESS	5112 BEACON RD				
CITY-ST-ZIP	PALMETTO FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	DIRECTOR				
3.3 STREET ADDRESS	SCHRADER, TOM				
3.4 CITY-ST-ZIP	12744 CURLEY ROAD SAN ANTONIO, FL 33576				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME	T/S/D				
5.3 STREET ADDRESS	POWERS, ALLAN				
5.4 CITY-ST-ZIP	12430 CURLEY ROAD SAN ANTONIO, FL 33576				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____

REQUIRED

1-7-98

(352) 588 3786

CR2E037 (10/97)