FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

CLEARWATER FL 34615 3 7 7 5 5

2. Principal Place of Business

1100 CLEVELAND STREET

(0)

PO BOX 5253 CLEARWATER FL-34618 33758

Mailing Address

2a. Mailing Address

YOUTH FOR CHRIST/BAY-AREA, INC.

FILED Jan 27 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified	

Applied For

\$8.75 Additional

Not Applicable

07/24/1975

59-1610246

5. Certificate of Status Desired

4. FEI Number

21	26				5. Certificate of Status Desired L	Fee Re	auired	ŀ		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5,00		ı				
27					Trust Fund Contribution	Added to				
City & State City & State					7. Is this nonprofit corporation a home	owners association	n?	ĺ		
23 28					☐ Yes 🔀 No					
Zip Country	Zip	Coun	Country		8. This corporation owes or has paid to	ne current year Int	angible			
24 25	29	30			Personal Property Tax due June 30.		No			
9. Name and Address of Current				10. Name and Address of New Regis	ered Agent		ļ			
		1	11 Nam	е						
WILHOIT, ERNIE L		1	Stree	Street Address (P.O. Box Number is Not Acceptable)						
1100 CLEVELAND ST		L	1		,					
STE 814		Ja	83					ļ		
CLEARWATER FL 34845 33755		h	4 City			85 Zip (Code			
						FL		l		
11. Pursuant to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the ab	ve-name	d carpo	ration submits this statement for the purp	ose of changing it	s registered			
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	ions of, Section 617.0503, Flo	rida Statu	tes.	ирогацо	on's board or directors. Thereby accept a	e appolitiment as	registered.			
SIGNATURE					·	•		ĺ		
Signature, typed or printed name of registered agent			gent signat	re required		ATE		ŕ		
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICER			Ş		
TITLE TD	DELETE	1,1 TIT		1		Change	Addition	Į		
NAME KOCH, RON		1.2 NAN						5		
STREET ADDRESS 13186 LINDEN PLACE DRIVE	HIVE to			S				ŭ		
CITY-ST-ZIP SEMINOLE FL		_	-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		è		
TITLE D	☐ DELETE	2.1 TITL		1		Change	Addition			
NAME DUNN, DANIEL PR37	BRENNAN CIREK	E 22 NAM	E							
STREET ADDRESS 300 PARK BLVD. 0007	# 104	2.3 STR	ET ADDRES	3				ĺ		
CITY-ST-ZIP OLDSMARFL TAMP	BRENNAN CIRLA # 109 A, FL	2. 4 CIT	/-ST-ZIP					ı		
	☐ DETELE			1		Change	.Addition	l		
NAME ERICKSON, STEVEN R		3.2 NAN						l		
STREET ADDRESS 132 IRWIN ST. EAST			ET ADDRES	5				l		
CITY-ST-ZIP SAFETY HARBOR FL	DELETE		-ST-ZIP			Change	Addition	l		
TITLE D		4.1 ππL		1		☐ cliaide	Addition	1		
NAME ROCK, DAN STREET ADDRESS 5728 MAIN ST		4. 2 NA						l		
NEW BOOT DIOUEN EL			ET ADDRES	•				Į		
TITLE D	DELETE		-ST-ZIP	+		Change	Addition	İ		
CALIDOTTI BILL		5.1 TITL				T onarige	T VOCUDAL			
ANALOGODIA COURT		5.2 NAN						l		
OF EARWATED EL			ET ADDRES	']				l		
TITLE D	DELETE	5.4 CITY 6.1 TITL	-ST-ZIP	_		Change	Addition	l		
NAME BARKLEY, BOB	===================================	6.2 NAM		1		Onlings				
ARRA OFFITHER AVE. 3/A	6									
OT DETEROPURA EL	~		ET ADDRES	'				İ		
14. Thereby certify that the information scipolied with	the exer	-ST-ZIP Intion/sta	ted in S	ection 119.07(3)(i). Florida Statutes I furti	ner certify that the	information				
indicated on this annual report of supplemental	annual report is true and accu	irate and	that the	Ignature	shall have the same legal effect as if ma	de under oath; the	t I am an			
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 the information indicated on this annual report or supplemental annual report is true and accurate and that the information indicated on this same legal effect as if made under dath; 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 changes or on an attachment with an address.										
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SIGNATURE: ////////////////////////////////////										