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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
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DOCUMENT # 733380

1. Corporation Name

YOUTH FOR CHRIST/BAY-AREA, INC.

Principal Place of Business

1100 CLEVELAND STREET
 814
 CLEARWATER FL 33755
 US

Mailing Address

PO BOX 5253
 CLEARWATER FL 33758
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2510 S. MacDill Avenue		26 P.O. Box 14310		07/24/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1610246	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Tampa, Florida		28 Tampa, Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33629 25		29 33690 30			

9. Name and Address of Current Registered Agent

WILHOIT, ERNIE L
1100 CLEVELAND ST
STE 814
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name	Ernie L. Wilhoit	
82 Street Address (P.O. Box Number is Not Acceptable)	2510 S. MacDill Avenue	
83		
84 City	Tampa	85 Zip Code
	FL	33629

11. Pursuant to the provisions of Sections 617.0502 and 617.1609, 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	TD	1.1 TITLE	Abelardo L. Acebo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOCH, RON	1.2 NAME	Pharmakon Labs, Inc.
STREET ADDRESS	13186 LINDEN PLACE DRIVE	1.3 STREET ADDRESS	6050 Jet Port Industrial Blvd.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, DANIEL	2.2 NAME	Daniel Dunn
STREET ADDRESS	8837 BRENNAN CIR #104	2.3 STREET ADDRESS	8304 Kirkwood Drive
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL 33634
TITLE	CD	3.1 TITLE	Bruce Snyder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERICKSON, STEVEN R	3.2 NAME	Snyder Financial Group
STREET ADDRESS	132 IRWIN ST. EAST	3.3 STREET ADDRESS	208 S. MacDill Ave., Suite A
CITY-ST-ZIP	SAFETY HARBOR FL	3.4 CITY-ST-ZIP	Tampa, FL 33609
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCK, DAN	4.2 NAME	
STREET ADDRESS	5728 MAIN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, BILL	5.2 NAME	
STREET ADDRESS	2841 GLORIA COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKLEY, BOB	6.2 NAME	
STREET ADDRESS	3606 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **EXECUTIVE DIRECTOR** 1/6/99 813-902-8245

CR2E037 (11/98)