

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734907** (9)
1. Corporation Name
WEST ORANGE YOUTH CENTER ASSOCIATION, INC.

Principal Place of Business 110 HENDERSON STREET WINTER GARDEN FL 34787	Mailing Address P.O. BOX 770925 WINTER GARDEN FL 34777-0925
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/07/1976	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent ANDERSON, RANDY 473 MEADOW SWEET COURT OCOE FL 34761		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 *Randy Anderson* DATE 1-19-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, HENRY M	1.2 NAME	
STREET ADDRESS	541 E. CYPRESS STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RANDY	2.2 NAME	
STREET ADDRESS	473 MEADOW SWEET COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOE FL 34761	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, DARRELL	3.2 NAME	
STREET ADDRESS	748 S. VINELAND ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, DONNA G	4.2 NAME	Angilee Metts
STREET ADDRESS	761 MAGNOLIA STREET	4.3 STREET ADDRESS	210 Pennsylvania Ave.
CITY-ST-ZIP	WINTER GARDEN FL 34787	4.4 CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CATHERINE A	5.2 NAME	
STREET ADDRESS	541 E CYPRESS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D Glen Poczik
STREET ADDRESS		6.3 STREET ADDRESS	1006 Stucki Terrace
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Garden, FL 34787

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: *Randy Anderson* DATE 1-19-98 (407) 456-1541
Signature, typed or printed name of signing officer or director

CR2E037 (10/97)