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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734907

1. Corporation Name
WEST ORANGE YOUTH CENTER ASSOCIATION, INC.

* 3 7 2 1 3 4 *
372134 - 90030 - 9

Principal Place of Business
110 HENDERSON STREET
WINTER GARDEN FL 34787

Mailing Address
P.O. BOX 770925
WINTER GARDEN FL 34777-0925

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/07/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE — Applied For / Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ANDERSON, RANDY
473 MEADOW SWEET COURT
OCOEE FL 34761

Randy Anderson

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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
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 ☐ DELETE	1.1 TITLE	☐ Change ☐ 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 ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, RANDY	2.2 NAME	
STREET ADDRESS	473 MEADOW SWEET COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCOEE FL 34761	2.4 CITY-ST-ZIP	
TITLE	DVP ☐ DELETE	3.1 TITLE	☐ Change ☐ 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	DS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	METTS, ANGILEE	4.2 NAME	
STREET ADDRESS	210 PENNSYLVANIA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	4.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	5.1 TITLE	☐ Change ☐ 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	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	POCZIK, GLEN	6.2 NAME	
STREET ADDRESS	1006 STUCKI TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	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 REQUIRED Henry M Baker Henry M Baker 4-7-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2F037 (11/98)