SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT

1996



Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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THE FLORIDA	CENTER	FOR	CHII DREN	AND	YOUTH	INC

514 E COLLEGE AVE	Principal Place of	of Business	Mailing Address	INC.			
2. Principal Place of Business	514 E COLLEGE P.O. BOX 6646	E AVE	514 E COLLEGE AVE P.O. BOX 6646	4			
2.   Maling Advises   2.   Maling Advises   3.   As   Maling Advises   3.   As   3.			THECHTHOSEE PE 3231	•			•
Sales, Apt 8, etc.    Sales	<b>—</b>	e of Business	<u></u>			4. FEI Number	<del></del>
22   27   Country   28   S. Certificate of Status Desired   Poe Required   28   State   28   Sta		ata	——————————————————————————————————————			59-1710785	<del></del>
20 Country 2 20 Solutions of Country 2 20 Solutions (P.O. Box Number is Not Acceptable)  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 617,0502 and 617,1509, Florida Statutes, the above-named corporation submits in statement for the purpose of changing its registered Agent are manufactured agent, or both, in the State of Florida Such change was authorized by the corporation submits in statement for the purpose of Changing its registered agent, and accept the obligations of Sections 617,0502 and 617,1509, Florida Statutes, the above-named corporation submits into 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 submits into statement for the purpose of Changing its registered office or registered agent, or both, in the State of Florida Statutes.  11. Pursuant to the provisions of Sections 617,0502, Florida Statutes, the above-named corporation submits into statement for the purpose of Changing its registered office or registered agent, or both, in the State of Florida Statutes.  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. The Text and the Text and the Information of Text and the Information of Text and Text	22	eic.	27			5. Certificate of Status Desired	
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip	City & State		<del>} −</del>				
9. Name and Address of Current Registered Agent  10. Name and Address of Now Registered Agent  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Florids. Statutes. The above named corporation submits this statement for the purpose of changing its registered agent and finding or registered agent. The purpose of changing its registered agent and finding or registered agent. The purpose of changing its registered agent and finding such change was accept the ebigations of. Section 17,5003. Pinding Statutes. The above named corporation submits this statement for the purpose of changing its registered agent and finding such change was accept the ebigations of. Section 17,5003. Pinding Statutes. The above named corporation submits this statement for the purpose of changing its registered agent and find its applicable. The above named corporation submits this statement for the purpose of changing its registered agent. Th		Country	Zip	<b></b> -	ntry	8. This corporation has liability for	*****
LEVNE, JACK 514 E COLLEGE AVE P.O. BOX 6646 TALLAHASSEE FL 32314  11. Pursuant to the provisions of Sections 617:0502 and 617:1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation is board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation is board of directors. I hereby accept the appointment as registered office or registered agent and accept the obligations of, Section 617:0500, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHAMGES TO OFFICERS AND DIRECTORS IN 12  14. Pursuant to the provisions of Sections 617:0500, Florida Statutes.  15. OFFICERS AND DIRECTORS  16. ADDITIONSICHAMGES TO OFFICERS AND DIRECTORS IN 12  16. ADD				30	-	Florida Statutes	Yes No
LEVNE, JACK 514 E COLLEGE AVE P.O. BOX 08646 TALLAHASSEE FL 32314  82 City FL BS 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 as registered office or registered agent, or both, in the State of Florids Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and arminator with, and accept the colligators of Section 617.0502, Provide Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  14. Indirectors I hereby accept the appointment as registered agent agent and their applicable  15. OFFICERS AND DIRECTORS 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  15. TALLAHASSEE FL 10. TALLAHASSEE FL		9. Name and Address of Curre	int Registered Agent		Adl N	10. Name and Address of New Re	gistered Agent
SIDE COLLEGE AVE P.O. BOX 8646 TALLAHASSEE FI. 32314  11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Fouried Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of Section 617.0502 hours assaultorized by the corporation's board of directors. Hereby accept the appointment ats registered agent lam familiar with, and accept the obligations of Section 617.0503. Piorida Statutes  SIGNATURE SIGNATURE SIGNATURE PD SIGNATURE	) France	INOV			oi Name		
STRET ADDRESS P.D. BOX 6646 TALLAHASSEE FL 32314  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 appoinment as 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 appoinment as registered office or registered agent and most in space and most in process of the purpose of changing its registered of the purpose of changing its registered office or registered agent and most in space and most in process of the provision of Social Control Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. In It Is  PD  In It Is  PD  In It Is  PD  In It Is WO  IN IT WO  IN I					62 Street Ad	dress (P.O. Box Number is Not Acceptate	ole)
TALLAHASSEE FL 32314  B4 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 agent and accept the obligations of Section 617.0502 and accept the obligation of Section 617.0502 and accept							
Section   Color   Co					63		
11. Pursuant to the provisions of Sections 617,0502 and 617, 1508. Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  BUTZIN, SARAH  12 NAME  BUTZIN, SARAH  12 NAME  13 NEET ADDRESS  1628 WOODGATE WAY  11 TILE  VD  WHITEFORD, LINDA  WHITEFORD, LINDA  WHITEFORD, LINDA  9412 ALANDEROOKE ST  TAMPA F.L  22 NEET ADDRESS  CITY-ST-ZP  TAMPA F.L  10 TILE  SD  WHITEFORD, LINDA  9412 ALANDEROOKE ST  TAMPA F.L  10 TILE  SD  WHITEFORD, LINDA  9412 ALANDEROOKE ST  TAMPA F.L  10 TILE  SD  GANNESVILLE F.L  10 TILE  STEET ADDRESS  CITY-ST-ZP  GANNESVILLE F.L  THE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  GON'S ST-ZP  TAMPA F.L  STREET ADDRESS  STREET ADDRESS  GON'S ST-ZP  TALLAHASSEE F.L  TILE  DELETE  11 TILE  DELETE  51 T	IALLATIA	100EE FL 32314			84 City		Fi 85 Zip Code
SIGNATURE    12						rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
12. OFFICERS AND DIRECTORS  TITLE PD	SIGNATURE						
TITLE  MAME  BUZIN, SARAH  1828 WOODGATE WAY  TALLAHASSEE FL  TOTTLE  VD  MAME  WHITEFORD, LINDA  STREET ADDRESS  GITY-ST-2P  TAMPA FL  SD  STREET ADDRESS  GITY-ST-2P  TALLAHASSEE FL  TOTTLE  SD  GAINESVILLE FL  TITLE  TITLE  TITLE  TITLE  TITLE  TITLE  TOTTLE					Agent signature re		
RAME SIREET ADDRESS 1628 WOODGATE WAY TALLAHASSEE FL  WHITEFORD, LINDA WHITEFORD, LINDA SIREET ADDRESS SIREET A					LE /	THAR SETTING	
STREET ADDRESS  TALLAHASSEE FL  13 STREET ADDRESS 14 CITY-ST-ZIP TALLAHASSEE FL  14 CITY-ST-ZIP TALLAHASSEE FL  14 CITY-ST-ZIP TALLAHASSEE FL  15 STREET ADDRESS 14 CITY-ST-ZIP TAMPA FL  22 AME 22 AME 22 AME 23 REET ADDRESS 110 11 NW 1277 PL  Change Addition TAMPA FL  23 REET ADDRESS 110 11 NW 1277 PL  Change Addition TOTAL STREET ADDRESS CITY-ST-ZIP TITLE TI	NAME	BUTZIN, SARAH		l i			
TITLE VD	STREET ADDRESS				REET ADDRESS	9412 MANGROOM	CE ST.
TITLE  MAME  WHITEFORD, LINDA  STREET ADDRESS  9412 ALANBROOKE ST  TAMPA FL  TITLE  SD  NAME  ZEGEL, CAROLE, E  TITLE  SD  NAME  ZEGEL, CAROLE, E  TITLE  TI	CITY-ST-ZIP	TALLAHASSEE FL		1.4 03			
WHITEFORD, LINDA  STREET ADDRESS  OANLE, F. 1.3260  TITLE  SD  VELETE  TITLE  SD  VELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  GANNESVILLE FL  TITLE  TITLE  TITLE  TITLE  TITLE  STREET ADDRESS  GOOS POINT PKWY  JACKSONVILLE FL  TITLE  TITLE  TITLE  TITLE  DELETE  STREET ADDRESS  GOOS POINT PKWY  JACKSONVILLE FL  TITLE  TITLE  TITLE  DELETE  STREET ADDRESS  GOOS POINT PKWY  JACKSONVILLE FL  TITLE  DELETE  STREET ADDRESS  GOOS POINT PKWY  JACKSONVILLE FL  TITLE  DELETE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TALLAHASSEE FL  DELETE  STREET ADDRESS  TALLAHASSEE FL  DELETE  STREET ADDRESS  STREET	TITLE		DELETE				
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TITLE  MAME  ZEGEL, CAROLE, E  STREET ADDRESS  11011 NW 12TH PLACE  GAINESVILLE FL  TITLE  T  DELETE  41 TITLE  T  DELETE  41 TITLE  THE  BISHOP, PETER  STREET ADDRESS  G70 S POINT PKWY  JACKSONVILLE FL  DELETE  DELETE  DELETE  DELETE  Addition  AMAE  LEVINE, JACK  STREET ADDRESS  GTY-ST-ZIP  TITLE  NAME  LEVINE, JACK  STREET ADDRESS  TALLAHASSEE FL  DELETE  DELETE  STREET ADDRESS  GTY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  GTY-ST-ZIP  TALLAHASSEE FL  DELETE  STREET ADDRESS  GTY-ST-ZIP  TITLE  AAGRET ADDRESS  GTY-ST-ZIP  TALLAHASSEE FL  DELETE  STREET ADDRESS  GTY-ST-ZIP  STREET ADDRESS  STREET ADDR	STREET ADDRESS	9412 Alanbrooke St		2.3	REET ADORESS		
NAME  ZEGEL, CAROLE, E STREET ADDRESS  11011 NW 12TH PLACE GAINESVILLE FL  TITLE  T  DELETE  11 TILE  AMME  BISHOP, PETER  STREET ADDRESS  6700 S POINT PKWY  JACKSONVILLE FL  11 TILE  ED  DELETE  DELETE  12 NAME  13 TREET ADDRESS  CITY-ST-ZIP  TITLE  ED  DELETE  51 TILE  51 TILE  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  54 CITY-ST-ZIP  TITLE  DELETE  54 CITY-ST-ZIP  TITLE  DELETE  64 CITY-ST-ZIP  TITLE  MAME  52 NAME  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  54 CITY-ST-ZIP  MADE  55 STREET ADDRESS  CITY-ST-ZIP  MADE  54 CITY-ST-ZIP  MADE  55 STREET ADDRESS  CITY-ST-ZIP  MADE  56 STREET ADDRESS  CITY-ST-ZIP  MADE  57 CHANGE  MADE  MAD	CITY - ST - ZIP			2.4	Y-ST-ZIP	O-WERVICE!	10280)
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GAINESVILLE FL  TITLE  BISHOP, PETER  STREET ADDRESS  G700 S POINT PKWY  CITY-ST-ZIP  JACKSONVILLE FL  DELETE  JACKSONVILLE FL  DELETE  DELETE  STREET ADDRESS  TALLAHASSEE FL  DELETE  GAINESVILLE FL  JACKSONVILLE FL  DELETE  STREET ADDRESS  STREET ADDRESS  TALLAHASSEE FL  DELETE  G1TILE  DELETE  G1TILE  DELETE  G1TILE  DELETE  G1TILE  G2NAME  G3 STREET ADDRESS  G4 GITY-ST-ZIP  L4 L do begreby certify that the information supplied with this filing is valuatarily furnished and does not qualify for the examplifier stated in Section 119 O7(9)(A) Excide State to	NAME	•		3.2	lue		-
TITLE  NAME  BISHOP, PETER  STREET ADDRESS  6700 S POINT PKWY  CITY-ST-ZIP  JACKSONVILLE FL  Addition  DELETE  DELETE  4.1 TLE  4.2 IAME  4.3 FREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  DELETE  DELETE  5.1 TITLE  LEVINE, JACK  STREET ADDRESS  5.14 E COLLEGE AVE  STREET ADDRESS  5.14 E COLLEGE AVE  STREET ADDRESS  5.14 E COLLEGE AVE  STREET ADDRESS  5.1 TITLE  DELETE  5.1 TITLE  DELETE  6.1 TITLE  NAME  STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  1.14 Light pereby certify that the information stoppied with this fiting is voluntarily furnished and does not qualify for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevide State to a light for the everywise stated in Section 110 O7(AVI). Elevid		=		3.3	REET ADORESS		
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TITLE ED DELETE 51 TILE Change Addition  NAME LEVINE, JACK  STREET ADDRESS  514 E COLLEGE AVE 5.3 STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE 5.1 TILE  5.4 CITY- ST- ZIP  DELETE 6.1 TITLE  SAGRET ADDRESS  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY- ST- ZIP  114. I do pereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the everytice stated in Section 110 O7(2)(V). Elevide Stated In Section 110 O7(	NAME.				ME .		Riva
TITLE ED DELETE 51 TILE Change Addition  NAME LEVINE, JACK  STREET ADDRESS  514 E COLLEGE AVE 5.3 STREET ADDRESS  CITY- ST- ZIP  TITLE  DELETE 5.1 TILE  5.4 CITY- ST- ZIP  DELETE 6.1 TITLE  SAGRET ADDRESS  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS  6.4 CITY- ST- ZIP  114. I do pereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the everytice stated in Section 110 O7(2)(V). Elevide Stated In Section 110 O7(	CIDELL ADDOCCO	DIVU O FUNTI PRITT			REET ADDRESS	M: 61 731	پانوبر ا
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TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  14. I do pereby certify that the information supplied with this fiting is voluntarily turnished and does not qualify for the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide State to a legislation of the everytics stated in Section 119 07(2)(1). Elevide Stated in Section 119 07(2)(1	CITY-ST-ZIP TITLE NAME	ED LEVINE, JACK	DELETE	5 1 Ti	ME		Change Addition
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**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 907 227/148
Date | Daytime Phone |