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FILED
Sep 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736581 (0)

1. Corporation Name

THE FLORIDA CENTER FOR CHILDREN AND YOUTH, INC.



Principal Place of Business

Mailing Address

~~514 E COLLEGE AVE~~ 515 E. PARK
P.O. BOX 6646
TALLAHASSEE FL 32314

~~514 E COLLEGE AVE~~
P.O. BOX 6646
TALLAHASSEE FL 32314-6646

3. Date Incorporated or Qualified
08/13/1976

3a. Date of Last Report
06/14/1996

2. Principal Place of Business

21 515 E. PARK AVE

2a. Mailing Address

26 P.O. BOX 6646

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TALLAHASSEE FL

27 City & State

28 TALLAHASSEE, FL

24 Zip

32301

Country

25 USA

29 Zip

32314

Country

30 USA

4. FEI Number

59-1710785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEVINE, JACK
~~514 E COLLEGE AVE~~ 515 E. PARK AVE
P.O. BOX 6646
TALLAHASSEE FL 32314

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

JACK LEVINE

BY EC. D. R.

7/2/97

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 ☐ DELETE

NAME PD
STREET ADDRESS WHITEFORD, LINDA
CITY-ST-ZIP 9412 ALANBROOKE ST
TAMPA FL

TITLE ☐ DELETE

NAME VD
STREET ADDRESS ZEGEL, CAROLE
CITY-ST-ZIP 11011 NW 12TH PL
GAINESVILLE FL

TITLE ☐ DELETE

NAME SD
STREET ADDRESS INMAN-CREWS, DOT
CITY-ST-ZIP FSU-3025
TALLAHASSEE FL

TITLE ☐ DELETE

NAME T HARSEY
STREET ADDRESS HARSEY, DOUG
CITY-ST-ZIP 200 S BISCAYNE BLVD
MIAMI FL

TITLE ☐ DELETE

NAME ED
STREET ADDRESS LEVINE, JACK
CITY-ST-ZIP ~~514 E COLLEGE AVE~~ 515 E. PARK AVE
TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)