

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
515 E PARK AVE P O BOX 6646  
TALLAHASSEE FL 32301 TALLAHASSEE FL 32314  
US US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified

08/13/1976

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

SAME

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

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

DELETE

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

DELETE

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

DELETE

TITLE Y  
NAME HALSEY, DOUG  
STREET ADDRESS 200 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI FL

DELETE

TITLE ED  
NAME LEVINE, JACK  
STREET ADDRESS 515 E PARK AVE  
CITY-ST-ZIP TALLAHASSEE FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

ISIS CARRAN DE GARCIA  
1041 Raven Ave  
Miami Springs, FL 33166

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 a 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

5/11/98 850  
JACK LEVINE EXECUTIVE 322

FILED  
May 21 1998 8:00am  
Secretary of State



CR2E037 (1097)