## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236,25).

Aug 21 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 742238 DOCUMENT # (9) CITRUS YOUTH CONFERENCE, INC. Principal Place of Business Mailing Address 6745 N. MYAKA AVE. P. O. BOX 1133 CRYSTAL RIVER FL 34428 **CRYSTAL RIVER FL 34423** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/29/1978 02/16/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1864015 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KISH, CHARLES 82 Street Address (P.O. Box Number is Not Acceptable) 5512 W PINE CIR 83 **CRYSTAL RIVER FL 34429** 64 City 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) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE DUNCAN, MIKE 6200 W. WOODSIDE TRENARY, DON (BO) NAME 1.2 NAME 7850 N DAMASOUS AVE STREET ADDRESS 1.3 STREET ADDRESS CRYSTAL RIVER FL 34429 **DUNNELLON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE VD/TD TITLE 2.1 TITLE **Change** Addition **DUNCAN, MIKE** KISH, CHARLES NAME 2.2 NAME 5512 W. ANE GR 6200 W WOODSIDE CIR STREET ADDRESS 2.3 STREET ADDRESS CRYSTAL RIVER FL CRYSTAL RIVER, FL 34429 CITY-ST-ZIP 2. 4 CITY-ST-ZIP M DELETE Addition. Change 3.1 TITLE BLACKSTONE, LAYNE RUTLEDGE, PAMELA 3.2 NAME 4969 N. RAINDRIAR PATH 9185 W JASMINE LANE STREET ADDRESS 3.3 STREET ADDRESS CRYSTAL RIVER FL CRUSTAL RIVER FL 34428 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition KISH, CHARLES 4.2 NAME NAME 5512 W PINE CIR 4.3 STREET ADDRESS STREET ADDRESS CRYSTAL RIVER FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change **Addition** 5.1 TITLE TITLE SEFFERN, TRACY 1604 S. MERLE POINT MILLER, GERALD NAME 5.2 NAME STREET ADDRESS 8970 W PINE BLUFF ST 53 STREET ADDRESS HOMOSASSA, FL 34148 CRYSTAL RIVER FL 5.4 CITY-ST-ZIP CITY-ST-71P DELETE Change **6.1 TITLE** Addition TITLE CARPENTER, KATHIE NAME 6.2 NAME PO BOX 1202 STREET ADDRESS 6.3 STREET ADORESS CRYSTAL RIVER FL CITY-ST-ZIP 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.

£4.0107

ATVIDE REQUIRERS

FILED