


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742238 (9)**  
1. Corporation Name  
**CITRUS YOUTH CONFERENCE, INC.**



Principal Place of Business <b>6745 N. MYAKA AVE. CRYSTAL RIVER FL 34428 US</b>	Mailing Address <b>P. O. BOX 1133 CRYSTAL RIVER FL 34423 US</b>
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3. Date Incorporated or Qualified <b>03/29/1978</b>	4. FEI Number <b>59-1864015</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>KISH, CHARLES 6512 W PINE CIR CRYSTAL RIVER FL 34429</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>BLACKSTONE, LAYNE</b>	
STREET ADDRESS <b>4969 N. RAINBRIAR PATH</b>	
CITY-ST-ZIP <b>CRYSTAL RIVER FL</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>DUNCAN, MIKE</b>	
STREET ADDRESS <b>6200 W WOODSIDE CIR</b>	
CITY-ST-ZIP <b>CRYSTAL RIVER FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SEFFERN, TRACY</b>	
STREET ADDRESS <b>1804 S MERLE POINT</b>	
CITY-ST-ZIP <b>HOMOSASSA FL</b>	
TITLE <b>VDTD</b>	<input type="checkbox"/> DELETE
NAME <b>KISH, CHARLES</b>	
STREET ADDRESS <b>6512 W PINE CIR</b>	
CITY-ST-ZIP <b>CRYSTAL RIVER FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CARPENTER, KATHIE</b>	
STREET ADDRESS <b>PO BOX 1202</b>	
CITY-ST-ZIP <b>CRYSTAL RIVER FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>BLACKSTONE, LAYNE</b>	
1.3 STREET ADDRESS <b>4969 N. RAINBRIAR PATH</b>	
1.4 CITY-ST-ZIP <b>CRYSTAL RIVER, FL 34428</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>OWENS, RANDY</b>	
2.3 STREET ADDRESS <b>P.O. BOX 2006 (N/A)</b>	
2.4 CITY-ST-ZIP <b>CRYSTAL RIVER, FL 34423</b>	
3.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>DA QUANNA, SUE</b>	
3.3 STREET ADDRESS <b>644 SE. 1ST CT.</b>	
3.4 CITY-ST-ZIP <b>CRYSTAL RIVER, FL 34429</b>	
4.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>KISH, CHARLES</b>	
4.3 STREET ADDRESS <b>5512 W. PINE CIR</b>	
4.4 CITY-ST-ZIP <b>CRYSTAL RIVER, FL 34429</b>	
5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>LAPHAM, DALE</b>	
5.3 STREET ADDRESS <b>8485 N. FIRE FLY TERRACE</b>	
5.4 CITY-ST-ZIP <b>CRYSTAL RIVER, FL 34428</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE \_\_\_\_\_ DATE **3/1/98** (35) 563 4717

CR2E037 (10/97)