


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90140 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742238					
1. Corporation Name CITRUS YOUTH CONFERENCE, INC.					
Principal Place of Business 6745 N. MYAKA AVE. CRYSTAL RIVER FL 34428 US			Mailing Address P. O. BOX 1133 CRYSTAL RIVER FL 34423 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1864015	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KISH, CHARLES 5512 W PINE CIR CRYSTAL RIVER FL 34429				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	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)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLACKSTONE, LAYNE			1.2 NAME	OWENS, RANDY		
STREET ADDRESS	4969 N RAINBRIAR PATH			1.3 STREET ADDRESS	7561 N. CITRUS AVE		
CITY-ST-ZIP	CRYSTAL RIVER FL 34428			1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OWENS, RANDY			2.2 NAME	TREADWAY, DENNIS		
STREET ADDRESS	P O BOX 2006			2.3 STREET ADDRESS	6139 W. PINE CIR		
CITY-ST-ZIP	CRYSTAL RIVER FL 34423			2.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DA QUNNA, SUE			3.2 NAME	SMITH, DENISE		
STREET ADDRESS	644 SE 1ST COURT			3.3 STREET ADDRESS	3515 N. BROOKSHIRE PT.		
CITY-ST-ZIP	CRYSTAL RIVER FL 34429			3.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KISH, CHARLES			4.2 NAME			
STREET ADDRESS	5512 W PINE CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL 34429			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAPHAM, DALE			5.2 NAME			
STREET ADDRESS	8485 N FIRE FLY TERRACE			5.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL 34428			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: **CHARLES KISH** **SIGNATURE REQUIRED** **1/1** **2/23/99** **352 563-4717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)