

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748546** (9)  
1. Corporation Name  
**JUNIOR ACHIEVEMENT OF NORTH CENTRAL FLORIDA, INC**



Principal Place of Business <b>3400 SW 60 AVE OCALA FL 34474 US</b>		Mailing Address <b>15201 ROOSEVELT BLVD SUITE 102 CLEARWATER FL 34620-3559 US</b>		3. Date Incorporated or Qualified <b>08/16/1979</b>	3a. Date of Last Report <b>02/12/1996</b>
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1980335</b>		Applied For Not Applicable	
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GEORGE, RICHARD 15201 ROOSEVELT BLVD SUITE 102 CLEARWATER FL 34620</b>		10. Name and Address of New Registered Agent	
<b>81</b> Name			
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>			
<b>84</b> City		<b>85</b> 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]* (NOTE: Registered Agent signature required when reinstating) DATE **3/31/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, BILL</b>	1.2 NAME	
STREET ADDRESS	<b>5414 NW 54TH DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINSEVILL FL</b>	1.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YOUNG, DAVID A</b>	2.2 NAME	<b>PHOSICENT RICHARD GEORGE</b>
STREET ADDRESS	<b>334 NW 3 AVE</b>	2.3 STREET ADDRESS	<b>15201 ROOSEVELT BLVD #102</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	<b>CLEARWATER FL 34620</b>
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARREN, JANICE</b>	3.2 NAME	
STREET ADDRESS	<b>4650 SO SUNCOAST BLVD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOMOSASSA SPGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOGGINS, ELAINE</b>	4.2 NAME	
STREET ADDRESS	<b>2627 NW 43 STR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEACH, DONNA</b>	5.2 NAME	<b>CHAIRMAN BRUCE MITCHELL</b>
STREET ADDRESS	<b>4445 SW 35 TERR</b>	5.3 STREET ADDRESS	<b>2665 EXECUTIVE DR.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	5.4 CITY-ST-ZIP	<b>CLEARWATER, FL 34622</b>
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILMAN, STEVE H JR</b>	6.2 NAME	
STREET ADDRESS	<b>1100 SW 1 AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	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.

SIGNATURE: *[Signature]* DATE **4/11/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0067278**

CR2E037 (9/96)