

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752028 (1)

1. Corporation Name
SOUTHEAST REGIONAL YOUTH OF UNITY RETREAT CENTER, INC.



Principal Place of Business: RT 35, BOX 1381, TALLAHASSEE FL 32310, US
Mailing Address: RT 35, BOX 1381, TALLAHASSEE FL 32310, US

3. Date Incorporated or Qualified: 04/15/1980
3a. Date of Last Report: 03/17/1995

2. Principal Place of Business: 21 31 Ferrell Rd, 22 Suite, Apt. #, etc., 23 City & State: Crawfordville FL, 24 Zip: 32327, 25 Country: USA
2a. Mailing Address: 26 31 Ferrell Rd, 27 Suite, Apt. #, etc., 28 City & State: Crawfordville, FL, 29 Zip: 32327, 30 Country: USA

4. FEI Number: 59-2029834
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: RAYNOR, KATHLEEN L, RT 35, BOX 1381, TALLAHASSEE FL 32310

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: PD	<input type="checkbox"/> DELETE
NAME: SIMPSON, GREGORY	
STREET ADDRESS: 3619 PERCIVAL AVE	
CITY-ST-ZIP: MIAMI FL	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: MARSHALL, BOB	
STREET ADDRESS: 3414 SUNRISE BLVD.	
CITY-ST-ZIP: FT. PIERCE FL	
TITLE: TD	<input type="checkbox"/> DELETE
NAME: RAYNOR, KATHLEEN L.	
STREET ADDRESS: RT. 35, BOX 1381	
CITY-ST-ZIP: TALLAHASSEE FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: DEMER, ANGELEE	
STREET ADDRESS: 1313 APPLETON DR.	
CITY-ST-ZIP: ORLANDO FL	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS: 31 Ferrell Rd, Crawfordville, FL	
3.4 CITY-ST-ZIP: 32327	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kathleen L. Raynor Kathleen L. Raynor Date: 3-3-96 Daytime Phone #: 904-222-1930

CR2E037 (12/95)