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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 752028 (1)
1. Corporation Name
SOUTHEAST REGIONAL YOUTH OF UNITY RETREAT CENTER, INC.



Principal Place of Business Mailing Address
31 FERRELL ROAD CRAWFORDVILLE FL 32327 US
31 FERRELL ROAD CRAWFORDVILLE FL 32327-5750 US

3. Date Incorporated or Qualified 04/15/1980
3a. Date of Last Report 03/12/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number 59-2029834 Applied For Not Applicable
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 Raynor, Kathleen L.
82 Street Address (P.O. Box Number is Not Acceptable) 31 Ferrell Rd
83
84 City Crawfordville FL 85 Zip Code 32327

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 *Kathleen L. Raynor* Kathleen L. Raynor 3-3-97
Signature typed or printed name of registered agent and date 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 type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, GREGORY	1.2 NAME	Simpson, Gregory
STREET ADDRESS	3619 PERCIVAL AVE	1.3 STREET ADDRESS	3472 Florida Ave
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33133
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, BOB	2.2 NAME	
STREET ADDRESS	3414 SUNRISE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYNOR, KATHLEEN L.	3.2 NAME	
STREET ADDRESS	31 FERREL ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMER, ANGELEE	4.2 NAME	Tom Heald
STREET ADDRESS	1313 APPLETON DR.	4.3 STREET ADDRESS	23 Pineview Dr.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Horseshoe, NC 28742
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Gregory Simpson* Gregory Simpson 3/8/97 (305) 442-1484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008908

CR2E037 (9/96)