FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

FILED Feb 06 1998 8:00am Secretary of State

1. Corporation Name						
SOUTHEAST REGIONAL YOUTH OF UNITY RETREAT CENTER ,INC.						
Principal Place of Business Mailing Address						II MAMII MIKSA MIMII MAMII MIMAS AMMI
31 FERRELL ROAD CRAWFORDVILLE FL 32327 US		31 FERRELL ROAD CRAWFORDVILLE FL 32327 US		3. Date Incorporated or Qualified 04/15/1980 4. FEI Number	Applied For	
					59-2029834	Not Applicable
		2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State			··· ·		7. Is this nonprofit corporation a homeowners association?	
23		28			☐ Yes ☐ No	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	9. Name and Address of Curre	29	[30]		Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
			81 N	ame		
raynor, kathleen l				root Addro	ss (P.O. Box Number is Not Acceptable)	
31 FERRELL RD					33 (1.0. Dax Nulliber is Not Noteptable)	
CRAWFORDVILLE FL 32327			83			
			84 C	ity		85 Zip Code
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the about fice or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statu				med corpo		
office or r	egistered agent, or both, in the State	of Florida, Such change was stions of Section 817,0503, Fl	authorized by the	corporation	on's board of directors. I hereby accept the	appointment as registered
SIGNATURE		,				-
	Signature, typed or printed name of registered ag		E: Registered Agent sig	nature required		
12.	PD OFFICERS AN	ID DIRECTORS DELETE	13. 1.1 TOLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	SIMPSON, GREGORY		1.2 NAME	ļ		C Stienge C Addition
STREET ADORESS	3472 FLORIDA AVE		1.3 STREET ADD	RESS		
CITY-ST-ZIP	MIAMI FL		1.4 City-ST-ZIP			
TITLE	VD	DELETE	2.1 TITLE			Change Addition
NAME	MARSHALL, BOB		2.2 NAME			
STREET ADDRESS	3414 SUNRISE BLVD.		2.3 STREET ADDI	RESS	*= -	
CITY-ST-ZIP	FT. PIERCE FL		2. 4 CITY-ST-ZIP			
TITLE	td Raynor, Kathleen L	DELETE	3.1 TITLE			L Change Addition
NAME STREET ADDRESS	31 FERREL ROAD		3.2 NAME 3.3 STREET ADDI	bece		
CITY-ST-ZIP	CRAWFORDVILLE FL		3.4, CITY-ST-ZIP			
TITLE	SD	DELETE	4.1 TITLE			Change Addition
NAME	HEALD, TOM		4. 2 NAME			
STREET ADDRESS	23 PINEVIEW DR		4.3 STREET ADDRESS			
CITY-ST-Z.P	HORSESHOE NC		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDI			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIF 6.1 TITLE	-		Change Addition
NAME		<u></u>	6.2 NAME			mai c.iongo El montrott
STREET ADDRESS			6.3 STREET ADD	RESS		
			6.4 CITY-ST-ZIF			
	and the the Information complied to	ith this files dans not qualify f			action 119 07/3Vi) Florida Statutor I furtho	- continue to - tale -

Interest cerus that the information supplied with this timing does not quality 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.

1/30/98

305 441-1484