

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90001 050 \*\*\*\*61.25

0009074

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # 752028**

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

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



2. Principal Place of Business 21 <b>851 S.W. 3<sup>RD</sup> ST.</b>	2a. Mailing Address 26 <b>851 S.W. 3<sup>RD</sup> ST.</b>	3. Date Incorporated or Qualified <b>04/15/1980</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2029834</b>
City & State 23 <b>BOCA RATON, FL</b>	City & State 28 <b>BOCA RATON, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33484</b>	Country 25 <b>U.S.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <b>33484</b>	Country 30 <b>U.S.</b>	

9. Name and Address of Current Registered Agent <b>RAYNOR, KATHLEEN L 31 FERRELL RD CRAWFORDVILLE FL 32327</b>	10. Name and Address of New Registered Agent 81 Name <b>TERRY HOROWITZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>851 S.W. 3<sup>RD</sup> ST.</b> 83 84 City <b>BOCA RATON</b> FL 85 Zip Code <b>33486</b>
---	--

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]* **TREASURER** DATE **4-30-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PD SIMPSON, GREGORY</b>	1.2 NAME		
STREET ADDRESS <b>3472 FLORIDA AVE</b>	1.3 STREET ADDRESS		
CITY-ST-ZIP <b>MIAMI FL</b>	1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>VD MARSHALL, BOB</b>	2.2 NAME		
STREET ADDRESS <b>3414 SUNRISE BLVD.</b>	2.3 STREET ADDRESS		
CITY-ST-ZIP <b>FT. PIERCE FL</b>	2.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TD</b>	
NAME <b>TD RAYNOR, KATHLEEN L.</b>	3.2 NAME <b>Terry Horowitz</b>		
STREET ADDRESS <b>31 FERREL ROAD</b>	3.3 STREET ADDRESS <b>851 S.W. 3<sup>RD</sup> ST.</b>		
CITY-ST-ZIP <b>CRAWFORDVILLE FL</b>	3.4 CITY-ST-ZIP <b>BOCA RATON, FL 33486</b>		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SD HEALD, TOM</b>	4.2 NAME		
STREET ADDRESS <b>23 PINEVIEW DR</b>	4.3 STREET ADDRESS		
CITY-ST-ZIP <b>HORSESHOE NC</b>	4.4 CITY-ST-ZIP		
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 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: *[Signature]* **TREASURER** DATE **4-30-99** DAYTIME PHONE # **561-702-0500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)