2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)											
DOCUMENT # N0000005287 1. Entity Name D. ODDA VOLUMENT CENTED (NC							55 MI	FILED ETARY OF STAT OF CORPORATI			
FLORIDA YOUTH ENRICHMENT CENTER, INC							夕 03 MA.	Y 30 PM 12:	10		
Principal Place of Business Mailing Address											
922 W. CRAWFORD ST P.O. BOX 760 QUINCY FL 32351 QUINCY FL 32353										:	
·								. Na 11 00 and 1500 and 150		~; 	
2. Principal I	Place of Busin	3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & Sta	City & State			4. FEI Numbe	59-3690647	<u></u>	pplied For ot Applicable	-	
Zip		Country	Zip Cc		Cou	intry	5. Certificate	of Status Desired	S8.75 Ad		1
6. Name and Address of Current Registered Agent							7. Name and	Address of New Reg	istered Agent]
CLARY, CHANDLER R						Name]
922 W. (CRAWFORD				Street Address (P.O. Box Number is Not Acceptable))	
COINCY	FL 32351				City Zip Code					ł	
9. The obour	normal Onlin	submits this statement fo	the purpose of	bengine ite	ietass		intered pagest or hell	, in the Ctate of Florid			1
the obligation	tions of registe	red agent.	r the pulpose of t	លេខបណ្តាញ នេះ	radiorare	ad piling or leaf	stered agent, or bott	i' ili ilie 2iste di Liotid	a. Tam amilianwin,	and accept	
SIGNATURE								4/	1/2003		
SIGNATURE Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
51 E NOW. EEE 12 25 9. Election Campaign Financing							\$5.00 May B	Make	Check Payable	to	
FILE NOW: FEE IS \$61.25 Formert whe mailed Separately							Added to Fees		Department of		-
10.	·	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHA	NGES TO OFFICERS	AND DIRECTORS IN	10	1
TITLE NAME	ED Clary, Ch	IANDLER R		Delete	TITLE	ſ			Change	☐ Addition	0/02
STREET ADDRESS	922 W. CR	AWFORD STREET			STRE	ET ADDRESS					CR2E037 (10/02)
CITY-ST-ZIP	QUINCY FL	. 32351		Deleta	TITLE	ST-ZIP			☐ Change	Addition	2250
NAME	CLARY, RE		L.	. Datara	NAME	.			C Orange	C. Abbillon	ਹ
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NAME STREET ADDRESS	<u> </u>				NAME	T ADDRESS					
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TITLE NAME	l			Delete	TITLE NAME	-		•	Change	☐ Addition	
STREET ADDRESS						T ADDRESS					
12. I hereby o	ertify that the	information supplied with	this filing does no	ot qualify for t	he exen	ST-ZIP option stated in	Section 119.07(3\f)	. Florida Statutes, I for	ther certify that the in	formation	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3\()). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION OF DEVILING PROPERTY PROPERTY OF THE PROPERTY PROPERTY OF THE PROPERTY PROPERTY OF THE PROPERTY PROPERTY OF THE PROPERTY											
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