


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

05-16-2005 90204 039 \*\*\*\*70.00

<b>DOCUMENT # N04000000475</b>	
1. Entity Name	
BI-COUNTIES YOUTH CHARITIES OF CENTRAL FLORIDA, INC.	

Principal Place of Business	Mailing Address
56 EDGEWATER DR. W. LAKE PLACID FL 33852	56 EDGEWATER DR. W. LAKE PLACID FL 33852

2. Principal Place of Business	3. Mailing Address
WESTERTERP JOHN 56 JASMINE ST Suite, Apt. #, etc.	WESTERTERP JOHN 1604 MAIN ST. NE Suite, Apt. #, etc. APT. B

City & State	City & State
LAKE PLACID FL	PALM BAY
Zip	Zip
33852	32905
Country	Country
HIGHLANDS	BREVARD



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
56-2424899	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent	
WESTERTERP, JOHN 56 EDGEWATER DR., WEST LAKE PLACID FL 33852	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code 32905

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>John Westerterp</i>	DATE 4-8-05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	WESTERTERP, JOHN	NAME	
STREET ADDRESS	56 EDGEWATER DR. W.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	WESTERTERP, JACK	NAME	
STREET ADDRESS	56 EDGEWATER DR. W.	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	ROBERTSON, JIM	NAME	SD MANN, MELVIN JR.
STREET ADDRESS	5418 LAKEWOOD RD.	STREET ADDRESS	4260 E KEVIN ROAD
CITY-ST-ZIP	SEBRING FL 33872	CITY-ST-ZIP	AVON PARK, FL
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>John Westerterp</i>	DATE 4-8-05 388-465-7131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	