

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07771 (1)
1. Corporation Name

LEVY COUNTY YOUTH PROGRAM, INC.



Principal Place of Business
66 MAIN ST
P.O. BOX 40
BRONSON FL 32621

Mailing Address
66 MAIN ST
P.O. BOX 40
BRONSON FL 32621

3. Date Incorporated or Qualified
03/01/1985

3a. Date of Last Report
07/19/1995

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2584476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BARBARA, M
RT. 2, BOX 2840
SOUTH HWY 41
WILLISTON FL 32696

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOCKE, BARBARA	
STREET ADDRESS	S. MAIN ST.	
CITY - ST - ZIP	BRONSON FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SMITH, BOBBIE	
STREET ADDRESS	RT. 2, BOX 2840	
CITY - ST - ZIP	WILLISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MULLINS, SEAN	
STREET ADDRESS	COUNTY ROAD 337 & 32	
CITY - ST - ZIP	BRONSON FL 32621	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, BEVERLY	
STREET ADDRESS	WALNUT DR HWY 320	
CITY - ST - ZIP	CHIEFLND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HASTINGS, GLORIA	
STREET ADDRESS	NORTHWEST 12TH AVENUE	
CITY - ST - ZIP	CHIEFLND FL 32626	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, EDITH	
STREET ADDRESS	HIGHWAY 27A	
CITY - ST - ZIP	BRONSON FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)