

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAR 15 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16210 (9)

1. Corporation Name

FLORIDA SHERIFFS YOUTH RANCHES FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O FLORIDA SHERIFFS YOUTH RANCHES, INC.
SUWANNE COUNTY-9 MILES N. OF LIVE OAK
BOYS RANCH FL 32060

C/O FLORIDA SHERIFFS YOUTH RANCHES, INC.
SUWANNE COUNTY-9 MILES N. OF LIVE OAK
BOYS RANCH FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1986

3a. Date of Last Report

04/22/1994

4. FEI Number

59-2737684

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'DONNELL, C.T. II
SUWANNE COUNTY-9 MILES N. OF LIVE OAK
BOYS RANCH FL 32060

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME O'DONNELL, C.T. II
STREET ADDRESS FLA SHERIFFS YOUTH RANCH
CITY-ST-ZIP BOYS RANCH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CD
NAME RUSSEK, LEONARD.
STREET ADDRESS P.O. BOX 176 N/A
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VCD
NAME CROW, LAWRENCE
STREET ADDRESS 455 N. BROADWAY AVENUE
CITY-ST-ZIP BARTOW FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME LINEBAUGH, MICHELE
STREET ADDRESS FL SHERIFFS YOUTH VILLA
CITY-ST-ZIP BARTOW FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME MORRISON, CRAIG
STREET ADDRESS 3338 SANDLEHEATH
CITY-ST-ZIP SARASOTA FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME PACE, SHERMAN H.
STREET ADDRESS 1744 DREW STREET
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(b), 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:

C. T. O'Donnell II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
C. T. O'Donnell II

904-842-5501

Date

Daytime Phone #