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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



3. Date Incorporated or Qualified 08/05/1986 3a. Date of Last Report 04/25/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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

81 Name

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

83

84 City

FL 85 Zip Code

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

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

TITLE CD
NAME RUSSEK, LEONARD.
STREET ADDRESS P.O. BOX 178 N/A
CITY-ST-ZIP ST. PETERSBURG FL

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

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

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

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

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

14. I do 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.

CR2E037 (9/96)