

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>C/O FLORIDA SHERIFFS YOUTH RANCHES, INC. SUWANNE COUNTY-9 MILES N. OF LIVE OAK BOYS RANCH FL 32060</b>	Mailing Address <b>C/O FLORIDA SHERIFFS YOUTH RANCHES, INC. SUWANNE COUNTY-9 MILES N. OF LIVE OAK BOYS RANCH FL 32060</b>
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3. Date Incorporated or Qualified <b>08/05/1986</b>
4. FEI Number <b>59-2737684</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 Fla. Sheriffs Youth Ranches, Inc.</b> Suite, Apt. #, etc. <b>22 County Road 795</b> City & State <b>23 Boys Ranch, Florida</b> Zip <b>24 32060</b>	2a. Mailing Address <b>25 Florida Sheriffs Youth Ranches, Inc.</b> Suite, Apt. #, etc. <b>27 County Road 795</b> City & State <b>28 Boys Ranch, Florida</b> Zip <b>29 32060</b>
Country <b>25 US</b>	Country <b>29 US</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>N/A</b>

9. Name and Address of Current Registered Agent <b>O'DONNELL, C.T. II SUWANNE COUNTY-9 MILES N. OF LIVE OAK BOYS RANCH FL 32060</b>
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10. Name and Address of New Registered Agent <b>81 Name Weaver, Harry K.</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) Florida Sheriffs Boys Ranch</b> <b>83 County Road 795</b> <b>84 City Boys Ranch, FL</b> <b>85 Zip Code 32060</b>
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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 *Harry K. Weaver* **Harry K. Weaver, President** **2/24/98**  
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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>O'DONNELL, C.T. II</b>
STREET ADDRESS	<b>FLA SHERIFFS YOUTH RANCH</b>
CITY-ST-ZIP	<b>BOYS RANCH FL</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE
NAME	<b>RUSSEK, LEONARD.</b>
STREET ADDRESS	<b>P.O. BOX 176 N/A</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>VCD</b> <input type="checkbox"/> DELETE
NAME	<b>CROW, LAWRENCE</b>
STREET ADDRESS	<b>455 N. BROADWAY AVENUE</b>
CITY-ST-ZIP	<b>BARTOW FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>LINEBAUGH, MICHELE</b>
STREET ADDRESS	<b>FL SHERIFFS YOUTH VILLA</b>
CITY-ST-ZIP	<b>BARTOW FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>MORRISON, CRAIG</b>
STREET ADDRESS	<b>3338 SANDLEHEATH</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>PACE, SHERMAN H.</b>
STREET ADDRESS	<b>1744 DREW STREET</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P Weaver, Harry K.</b>
1.3 STREET ADDRESS	<b>County Road 795</b>
1.4 CITY-ST-ZIP	<b>Boys Ranch, Florida 32060</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VD Linebaugh, Michele</b>
4.3 STREET ADDRESS	<b>5200 NW 33rd Avenue Suite 200</b>
4.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33309</b>
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 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.

SIGNATURE: *Harry K. Weaver* **2/24/98** **904/842-5501**

CR2E037 (10/97)