

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90058 001 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N16210**

1. Corporation Name  
**FLORIDA SHERIFFS YOUTH RANCHES FOUNDATION, INC.**

Principal Place of Business FLA SHERIFFS YOUTH RANCHES INC COUNTY ROAD 795 BOYS RANCH FL 32060 US	Mailing Address C/O FLORIDA SHERIFFS YOUTH RANCHES, INC. COUNTY ROAD 795 BOYS RANCH FL 32060 US
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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	3. Date Incorporated or Qualified 08/05/1986	4. FEI Number 59-2737684 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	

9. Name and Address of Current Registered Agent WEAVER, HARRY K FLORIDA SHERIFFS BOYS RANCH COUNTY ROAD 795 BOYS RANCH FL 32060	10. Name and Address of New Registered Agent 81 Name Bouchard, Roger O., Jr. 82 Street Address (P.O. Box Number is Not Acceptable) Florida Sheriffs Boys Ranch 83 County Road 795 84 City Boys Ranch FL 85 Zip Code 32060
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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 Roger O. Bouchard Roger O. Bouchard, Jr., President 3/1/99  
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 <input checked="" type="checkbox"/> DELETE	NAME WEAVER, HARRY K	1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Bouchard, Roger O., Jr.
STREET ADDRESS COUNTY ROAD 795	CITY-ST-ZIP BOYS RANCH FL 32060	1.2 NAME	1.3 STREET ADDRESS County Road 795
		1.4 CITY-ST-ZIP	Boys Ranch, FL 32060
TITLE CD <input type="checkbox"/> DELETE	NAME RUSSEK, LEONARD.	2.1 TITLE CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Russek, Leonard
STREET ADDRESS P.O. BOX 176 N/A	CITY-ST-ZIP ST. PETERSBURG FL	2.2 NAME	2.3 STREET ADDRESS 3101 Coquina Key Drive
		2.4 CITY-ST-ZIP	St. Petersburg, FL 33705-4152
TITLE VCD <input type="checkbox"/> DELETE	NAME CROW, LAWRENCE	3.1 TITLE VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Crow, Lawrence
STREET ADDRESS 455 N. BROADWAY AVENUE	CITY-ST-ZIP BARTOW FL	3.2 NAME	3.3 STREET ADDRESS 455 N. Broadway Avenue
		3.4 CITY-ST-ZIP	Bartow, FL 33830-3998
TITLE VD <input type="checkbox"/> DELETE	NAME LINEBAUGH, MICHELE	4.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Linebaugh, Michele
STREET ADDRESS 5200 NW 33RD AVE, STE 200	CITY-ST-ZIP FT LAUDERDALE FL 33309	4.2 NAME	4.3 STREET ADDRESS 5100 NW 33rd Avenue, Suite 143
		4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE TD <input checked="" type="checkbox"/> DELETE	NAME MORRISON, CRAIG	5.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Stringfellow, Bill
STREET ADDRESS 3338 SANDLEHEATH	CITY-ST-ZIP SARASOTA FL	5.2 NAME	5.3 STREET ADDRESS Cheshire Road 53
		5.4 CITY-ST-ZIP	Alturas, FL 33820
TITLE SD <input type="checkbox"/> DELETE	NAME PACE, SHERMAN H.	6.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Pace, Sherman H.
STREET ADDRESS 1744 DREW STREET	CITY-ST-ZIP CLEARWATER FL	6.2 NAME	6.3 STREET ADDRESS 1744 Drew Street
		6.4 CITY-ST-ZIP	Clearwater, FL 34615

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, with all other like empowered.

SIGNATURE: Roger O. Bouchard, Jr. 3/1/99 904/842-5501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)