SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 15 AM 10:29

DOCUMENT # **N17005** **(2)**

1. Corporation Name
YOUTH SHELTER PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 50729~~ ~~FORT MYERS FL 33906~~ 3691 EVANS Ave. FT. MYERS, FL. 33901	~~P.O. BOX 50729~~ ~~FORT MYERS FL 33906~~ SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2782295	☐ 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 ☐	FILING FEE IS $61.25
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 3691 EVANS Ave.	26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT. MYERS, FLA.	28 City & State
24 Zip: 33901 25 Country: LEE	29 Zip 30 Country

9. Name and Address of Current Registered Agent

CARTA, STEVEN
1619 JACKSON STREET
FORT MYERS FL 33902

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating!

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CARTA, STEVEN	12 NAME	
STREET ADDRESS	1619 JACKSON STREET	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SUITOR, DOUG	22 NAME	
STREET ADDRESS	1485 SAN CARLOS BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KRAEGAR, DONNA	32 NAME	
STREET ADDRESS	585 E. GULF DR.	33 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	LANGFORD, VERN	42 NAME	
STREET ADDRESS	1556 POINCIANA AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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 no address.

SIGNATURE: Vernon P. Langford TREASURER 6-12-95 941-278-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014602