

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90035 047 \*\*\*\*61.25

**DOCUMENT # N36103**



1. Entity Name  
**ORLANDO FAMILY CARE FOR YOUTH, INC.**

Principal Place of Business  
**4520 COLLEGE DRIVE  
ORLANDO FL 32811**

Mailing Address  
**P.O. BOX 2264  
EATONVILLE FL 32751**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0170699</b>		<input checked="" type="checkbox"/> Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		<input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>MORRELL, JOSEPH ATTY.</b> <b>501 N. MAGNOLIA AVENUE</b> <b>SUITE C</b> <b>ORLANDO FL 32801</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		<b>FL</b>		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	CPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, CLIFFORD			NAME			
STREET ADDRESS	600 LIME STREET			STREET ADDRESS			
CITY-ST-ZIP	EATONVILLE FL 32751			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, JACQUE F			NAME			
STREET ADDRESS	317 TEAKWOOD LANE			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THREATS, ARTHOR			NAME			
STREET ADDRESS	2403 STRICKER DR			STREET ADDRESS			
CITY-ST-ZIP	OCOOEE FL 34761			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, JAMES GEORGE			NAME			
STREET ADDRESS	1020 GROVE STREET			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARDY, TONY LARRY			NAME			
STREET ADDRESS	1047 PARKWOOD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	GROVELAND FL 34736			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *[Signature]* **— 1-403 407-647-8593**

CR2E037 (10/02)