

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$285)

APPROVED AND FILED

95 JUL 12 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N42245 (3)
1. Corporation Name
CASA BIANCA YOUTH CLUB, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
RT. 4, BOX 4738 RT. 4, BOX 4738
MONTICELLO FL 32344 MONTICELLO FL 32344

3. Date Incorporated or Qualified 3a. Date of Last Report
02/26/1991 04/12/1994
4. FEI Number Applied For
59-3109604 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 RT 4 BOX 4719G 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 City & State Monticello FL 28
24 Zip 32344 25 Country Florida 29 30

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, USA, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
MACK, JAMES F.
RT. 4, BOX 4728
MONTICELLO FL 32344

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	
TITLE	TP
NAME	MACK, JAMES F.
STREET ADDRESS	RT. 4, BOX 4738
CITY - ST - ZIP	MONTICELLO FL
TITLE	T
NAME	THOMPSON, BURNETTE C.
STREET ADDRESS	RT. 4, BOX 4721
CITY - ST - ZIP	MONTICELLO FL
TITLE	T
NAME	JONES, SAM, JR.
STREET ADDRESS	RT. 4, BOX 4708
CITY - ST - ZIP	MONTICELLO FL
TITLE	T
NAME	ALLEN, TASHA
STREET ADDRESS	RT. 4, BOX 4744
CITY - ST - ZIP	MONTICELLO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

000001537010
07/13/95-01057-015
*****61.25 *****61.25

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 110.07(3)(4), 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: James F. Mack 7-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)