

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

98 MAY 15 PM 1:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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

Principal Place of Business Mailing Address
 RT. 4 BOX 4718 G RT. 4 BOX 4719 G
 MONTICELLO FL 32344 MONTICELLO FL 32344

REINSTATEMENT 96-98

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	3a.	Date of Last Report
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		59-3109604		07/12/1995
23	City & State	28	City & State	5.	Certificate of Status Desired		\$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MACK, JAMES F. RT. 4, BOX 4728 MONTICELLO FL 32344				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *James F. Mack* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4000025.30E134--3		
NAME	MACK, JAMES F.		1.2 NAME		-05/20/98--01107--024		
STREET ADDRESS	RT. 4, BOX 4738		1.3 STREET ADDRESS		***367.50		
CITY-ST-ZIP	MONTICELLO FL		1.4 CITY-ST-ZIP		***367.50		
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	THOMPSON, BURNETTE C.		2.2 NAME				
STREET ADDRESS	RT. 4, BOX 4721		2.3 STREET ADDRESS				
CITY-ST-ZIP	MONTICELLO FL		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	JONES, SAM, JR.		3.2 NAME				
STREET ADDRESS	RT. 4, BOX 4706		3.3 STREET ADDRESS				
CITY-ST-ZIP	MONTICELLO FL		3.4 CITY-ST-ZIP				
TITLE	X DELETE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	William Ranson		
NAME	ALLEN, TASHA		4.2 NAME		Rt 4 Box 4728		
STREET ADDRESS	RT. 4, BOX 4744		4.3 STREET ADDRESS		Monticello, Fla		
CITY-ST-ZIP	MONTICELLO FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 an address.

SIGNATURE: *James F. Mack* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5/15/98 Daytime Phone #

CR2E037 (3/96)