

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # **N45093** (4)

1. Corporation Name

EVERGREEN YOUTH FOUNDATION, INC.



Principal Place of Business

**770 GREENS AVENUE
WINTER PARK FL 32789**

Mailing Address

**770 GREENS AVENUE
WINTER PARK FL 32789-3345**

3. Date Incorporated or Qualified

09/11/1991

3a. Date of Last Report

12/30/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3105015

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONE, DENNIS M
770 GREENS AVENUE
WINTER PARK FL 32789**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

**HAMMOND, DONALD W
1842 BRIDGEWATER DR.
HEATHROW FL 32746**

CITY-ST-ZIP

TITLE

PD

NAME

**CONE, DENNIS
770 GREENS AVENUE
WINTER PARK FL 32789**

CITY-ST-ZIP

TITLE

SD

NAME

**GIBSON, FRED
1842 BRIDGEWATER DR.
HEATHROW FL**

CITY-ST-ZIP

TITLE

T

NAME

**WHITE, GREG CPA
1407 E. ROBINSON
ORLANDO FL 32801**

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

SD

1.2 NAME

**JIM NORRIS
770 GREENS AVE
WINTER PARK, FL 32789**

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PD

2.2 NAME

DENNIS M. CONE

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

UP

3.2 NAME

DONALD HAMMOND

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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14. I do 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.

SIGNATURE:

Dennis M. Cone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000087

CR2E037 (9/96)