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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:07

DOCUMENT # **N49689** **(5)**

1. Corporation Name
ACTION YOUTH CARE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4175 EAST BAY DRIVE SUITE #145 CLEARWATER FL 34624 US	P.O. BOX 510 RIPLEY WV 25271 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/06/1992**
3a. Date of Last Report: **08/17/1994**
4. FEI Number: **59-3135928** ☐ 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 ☒ **$68.75** Supplemental Fee Not Required
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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GUSTAVSON, SHARON 13122 VILLAGE CHASE CIRCLE TAMPA FL 33624	81 Name: DENNIS MEALEY 82 Street Address (P.O. Box Number is Not Acceptable): 2607 BAY BLVD. APT B 83: INDIAN ROCKS BEACH 84 City: FL 85 Zip Code: 34635

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Dennis Mealey 5/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	T ☐ Change ☒ Addition
NAME	PATTON, PAUL JR.	12 NAME	BOB WILLS
STREET ADDRESS	103 CARL DRIVE	13 STREET ADDRESS	PO BOX 443 (N/A)
CITY-ST-ZIP	EVANS WV	14 CITY-ST-ZIP	RIPLEY WV 25271
TITLE	C	21 TITLE	S/T ☐ Change ☒ Addition
NAME	ELEND, BEV	22 NAME	JO ANN PAXTON-MARONEY
STREET ADDRESS	2565 DEER RUN EAST	23 STREET ADDRESS	3314 HENDERSON BLVD. #10
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	TAMPA FL 33609
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	WOEBER, FRANK	32 NAME	WOEBER, FRANK
STREET ADDRESS	7908 KNIGHT DRIVE	33 STREET ADDRESS	7908 KNIGHT DRIVE
CITY-ST-ZIP	NEW PRT. RICHEY FL	34 CITY-ST-ZIP	NEW PRT. RICHEY FL
TITLE	VC	41 TITLE	☐ Change ☐ Addition
NAME	WOEBER, TONY	42 NAME	
STREET ADDRESS	7908 KNIGHT DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY 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	

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)(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: Bob Wills PRES TREASURER 4/28/95 (304) 372-5145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073677