

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49689 (5)

1. Corporation Name

ACTION YOUTH CARE OF FLORIDA, INC.



Principal Place of Business

**4175 EAST BAY DRIVE
SUITE #145
CLEARWATER FL 34624
US**

Mailing Address

**P.O. BOX 510
RIPLEY WV 25271
US**

3. Date Incorporated or Qualified
07/06/1992

3a. Date of Last Report
06/01/1995

2. Principal Place of Business
21 4175 EAST BAY DRIVE

2a. Mailing Address
26 4175 EAST BAY DR.

4. FEI Number
59-3135928

Applied For
Not Applicable

Suite, Apt. #, etc.
22 SUITE # 160

Suite, Apt. #, etc.
27 SUITE # 160

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

City & State
23 CLEARWATER FL

City & State
28 CLEARWATER FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 34624

Country
25 US

Zip
29 34624

Country
30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MEALEY, DENNIS
2607 BAY BLVD
APT B
INDIAN ROCKS FL 34635**

10. Name and Address of New Registered Agent

**81 Name PAUL PATTON, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 4175 EAST BAY DR.
83 SUITE # 160
84 City CLEARWATER FL 85 Zip Code 34624**

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 617.0502, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D PATTON, PAUL JR.**
STREET ADDRESS **103 CARL DRIVE**
CITY - ST - ZIP **EVANS WV**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **PATTON, PAUL JR.**
1.3 STREET ADDRESS **12 HENRIETTA COURT WEST**
1.4 CITY - ST - ZIP **HOMASSA FL 34446**

TITLE ☐ DELETE
NAME **C ELEND, BEV**
STREET ADDRESS **2565 DEER RUN EAST**
CITY - ST - ZIP **CLEARWATER FL**

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME **ELEND, BEV**
2.3 STREET ADDRESS **2565 DEER RUN EAST**
2.4 CITY - ST - ZIP **CLEARWATER FL 34621**

TITLE ☐ DELETE
NAME **D WOEBER, FRANK**
STREET ADDRESS **7908 KNIGHT DRIVE**
CITY - ST - ZIP **NEW PRT. RICHEY FL**

3.1 TITLE **D/VICE CHAIR** ☒ Change ☐ Addition
3.2 NAME **WOEBER, FRANK**
3.3 STREET ADDRESS **7908 KNIGHT DR.**
3.4 CITY - ST - ZIP **NEW PORT RICHEY FL 34653**

TITLE ☒ DELETE
NAME **VC WOEBER, TONY**
STREET ADDRESS **7908 KNIGHT DRIVE**
CITY - ST - ZIP **NEW PORT RICHEY FL**

4.1 TITLE **C/D** ☐ Change ☒ Addition
4.2 NAME **LUGINBUHL, MARSHA**
4.3 STREET ADDRESS **3100 TEN TERRACE**
4.4 CITY - ST - ZIP **SAFETY HARBOR FL 34695**

TITLE ☐ DELETE
NAME **T WILLS, BOB**
STREET ADDRESS **P O BOX 443**
CITY - ST - ZIP **RIPLEY WV**

5.1 TITLE **D/S/T** ☐ Change ☒ Addition
5.2 NAME **PECCI, JAYME**
5.3 STREET ADDRESS **2967 HOLLY COURT**
5.4 CITY - ST - ZIP **CLEARWATER, FL 34621**

TITLE ☒ DELETE
NAME **ST PAXTON-MARONEY, JO ANN**
STREET ADDRESS **3314 HENDERSON BLVD 10**
CITY - ST - ZIP **TAMPA FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Robert Wills

Robert Wills

4/30/96

304-372-5745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)