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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

4175 EAST BAY DRIVE
160
CLEARWATER FL 34624
US

4175 E. BAY DRIVE
160
CLEARWATER FL 34624-6961
US

3. Date Incorporated or Qualified
07/06/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTON, PAUL JR.
4175 E. BAY DRIVE
SUITE 160
CLEARWATER FL 34624

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PATTON, PAUL JR.
STREET ADDRESS 12 HEUCHERA COURT W.
CITY-ST-ZIP HOMASASSA FL

1.1 TITLE Director
1.2 NAME Wendy Kall
1.3 STREET ADDRESS 5157 Silent Loop # 314
1.4 CITY-ST-ZIP New Port Richey, FL 34652

TITLE D
NAME ELEN, BEV
STREET ADDRESS 2565 DEER RUN EAST
CITY-ST-ZIP CLEARWATER FL

2.1 TITLE Chairperson - Director
2.2 NAME Marsha Luginbuehl
2.3 STREET ADDRESS 320 Island Way - Unit 203
2.4 CITY-ST-ZIP Clearwater, FL 34630

TITLE DVC
NAME WOEBER, FRANK
STREET ADDRESS 7908 KNIGHT DRIVE
CITY-ST-ZIP NEW PRT. RICHEY FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CD
NAME LUGINBUEHL, MARSHA
STREET ADDRESS 3100 TEAL TERRACE
CITY-ST-ZIP SAFETY HARBOR FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DST
NAME PECCI, JAYME
STREET ADDRESS 2987 HOLLY COURT
CITY-ST-ZIP CLEARWATER FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Paul E. Patton, Jr. 1/14/97 352-282-1362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0087684

CR2E037 (9/96)