


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49689** (5)

1. Corporation Name

**ACTION YOUTH CARE OF FLORIDA, INC.**

Principal Place of Business	Mailing Address
4175 EAST BAY DRIVE 180 CLEARWATER FL 34624 US	4175 E. BAY DRIVE 180 CLEARWATER FL 34624 US

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	30

3. Date Incorporated or Qualified

07/06/1992

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTON, PAUL JR.  
4175 E. BAY DRIVE  
SUITE 100  
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

TITLE	D	<input type="checkbox"/> DELETE
NAME	WENDY KALL	
STREET ADDRESS	5157 SILENT LOOP #314	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MARSHA LUGINBUEHL	
STREET ADDRESS	320 ISLAND WAY-UNIT 203	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	WOEBER, FRANK	
STREET ADDRESS	7908 KNIGHT DRIVE	
CITY-ST-ZIP	NEW PRT. RICHEY FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LUGINBUEHL, MARSHA	
STREET ADDRESS	3100 TEAL TERRACE	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	PECCI, JAYME	
STREET ADDRESS	2987 HOLLY COURT	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WENDY KALL	
1.3 STREET ADDRESS	5157 Silent Loop # 314	
1.4 CITY-ST-ZIP	New Port Richey, FL 34652	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAUL PATTON, JR.	
2.3 STREET ADDRESS	12 Heuchera Court West	
2.4 CITY-ST-ZIP	Homosassa, FL 34446	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN SHAFCHUK	
3.3 STREET ADDRESS	5316 Macoso Court	
3.4 CITY-ST-ZIP	New Port Richey, FL 34655	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAROL PARRIS	
4.3 STREET ADDRESS	8211 Brent Street, # 825	
4.4 CITY-ST-ZIP	Port Richey, FL 34668	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 Patton*

3/19/98 352-382-1362

CP2E037 (10/97)