


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000586 (9)

1. Corporation Name

ORLANDO LIONS YOUTH & COMMUNITY DEVELOPMENT, INC



Principal Place of Business	Mailing Address
4101 PECAN LANE 201 E. PINE STREET, SUITE 1200 ORLANDO FL 32812 US	C/O WILLIAM A. BOYLES 201 E. PINE STREET, SUITE 1200 ORLANDO FL 32801-2725

3. Date Incorporated or Qualified 12/02/1992	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-3198194	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
BOYLES, WILLIAM A 201 E. PINE STREET SUITE 1200 ORLANDO FL 32801

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PDT
NAME	REINEKE, DENNIS W.	1.2 NAME	Dodds, Jeff
STREET ADDRESS	4101 PECAN LANE	1.3 STREET ADDRESS	PO BOX 731
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	WINDEMERE FL
TITLE	VDS	2.1 TITLE	VD
NAME	REINEKE, CAROLYN S.	2.2 NAME	REINEKE, DENNIS W.
STREET ADDRESS	4101 PECAN LANE	2.3 STREET ADDRESS	4101 PECAN LANE
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D	3.1 TITLE	SD
NAME	KELLEHER, IRENE	3.2 NAME	REINEKE, CAROLYN S.
STREET ADDRESS	751 SYBILWOOD CIRCLE	3.3 STREET ADDRESS	4101 PECAN LANE
CITY-ST-ZIP	WINTER SPRINGS FL	3.4 CITY-ST-ZIP	ORLANDO FL 32812
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 _____ VICE H-30-97 407-262-4550

CR2E037 (9/96)