

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000720 (4)**

1. Corporation Name

REBOUND YOUTH SERVICES INC.

Principal Place of Business

Mailing Address

1663-11TH STREET
SARASOTA FL 34236

1663-11TH STREET
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/07/1992** 3a. Date of Last Report **03/14/1994**

4. FEI Number **65-0379596** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business
21 **1684 - 11TH STREET**

2a. Mailing Address
26 **1684 - 11TH ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 **SARASOTA FL**

28 **SARASOTA FL**

24 **34236** 25 **USA**

29 **34236** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPPELL, GREGG
654 CALLE DE PERU
SARASOTA FL 34242

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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

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	PD
NAME	CHAPPELL, GREGG
STREET ADDRESS	654 CALLE DE PERU
CITY - ST - ZIP	SARASOTA FL 34242
TITLE	TD
NAME	KELLERMAN, FRED
STREET ADDRESS	1265 TREE BAY LANE
CITY - ST - ZIP	SARASOTA FL 34242
TITLE	D
NAME	ART GINSBERG,
STREET ADDRESS	2033 MAIN STREET
CITY - ST - ZIP	SARASOTA FL 34236
TITLE	D
NAME	JEFFREY HARRIS,
STREET ADDRESS	973 VIRGINIA
CITY - ST - ZIP	SARASOTA FL 34242
TITLE	D
NAME	ROB KREBS,
STREET ADDRESS	5111 OCEAN BLVD.
CITY - ST - ZIP	SARASOTA FL 34237
TITLE	D
NAME	CALVIN BRYANT,
STREET ADDRESS	2001 MYRTLE
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director Only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	DELETE -- No longer an OFFICER or Director
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	DELETE -- No longer a Director
4.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	DELETE -- No Longer a Director

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

N92000000720

**Rebound Youth Services, Inc.
Additional Officers and Directors**

NAME/ADDRESS

TITLE

Rick Clary
Robb & Stucky
7557 S. Tamiami Trail, Sarasota FL 34231

Director

August Curley
NationsBank
1605 Main Street, Sarasota FL 34236

Director

David Dettman
Northern Trust Bank of Florida
PO Box 4097, Sarasota FL 34230-0429

Director

Jim Endriss
GOAR, ENDRISS, WALKER & WALL
1590 First Street, Sarasota FL 34236

Treasurer/
Director

Dr. Jack Greer
YMCA Youth & Family Services
41 N. School St., Sarasota FL 34237

Director

Elliott Metcalfe, Public Defender
2071 Ringling Blvd - 5th Floor, Sarasota FL 34237

Director

Paul Moran
46 N. Washington, Sarasota FL 34236

Secretary/
Director

Sid Schwalbe
First Union National Bank
PO Box 267, Sarasota FL 34230

President/
Director

Sandy Seidman
1015 Bogey Lane, Sarasota FL 34228

Vice President/
Director