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SECONI AMOUNT DU	D NOTICE: CORPORATION WILL BE [IE ON OR BEFORE 09/15/99: \$61,25 (IF DIS:	DISSOLVED ON OR AFTER SEP SOLVED, MINIMUM AMOUNT DUE T	PTEMBER 15, 1999. TO REINSTATE: \$236.25).			
COF ANNU	ONPROFIT RPORATION JAL REPORT 1999	Katherir Secretar	RTMENT OF STATE THE HARRIS T	FILED		
DOCU	MENT # N93000	003551		99 JUL -8 PM 4: 52	2	
1. Corporation Name						
	EN YOUTH DEVELOPMENT			SECRETALL OF STATE TALLAHASSEE, FLORID	Ā	
Principal Place 209 S DUVAL OUINCY FL 32	STREET	Mailing Address 408 SOUTH STREET OUINCY FL 32351				
21	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 06/05/1993		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-3200993	Applied	
City & Stat	:e	City & State			\$8.75 Addit	plicable tional
23		28		5. Certifcate of Status Desired	Fee Require	ed
Zip 24	Country 25	Zip [Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	
	9. Name and Address of Current			10. Name and Address of New Registered		
			81 Name			
LONG, JO	ISEPH III I'H S tre et		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
QUINCY F	· · · · · · · · · · · · · · · · · · ·		83			
			1 1			
			84 City	El	85 Zip Code	•
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statute		FL poration submits this statement for the purpose of	. '	
	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 617.1508, Florida Statute of Florida. Such change was au ions of, Section 617.0503, Flor		poration submits this statement for the purpose of on's board of directors. I hereby accept the appoi	. '	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	is, the above-named corporation thorized by the corporation Statutes.	ed when reinstating) DATE	changing its registentment as registe	stered ered
	Signature, typed or printed name of registered agent	and title if applicable (NOTE	es, the above-named corporation of the corporation		changing its registentment as registe	stered ered
SIGNATURE	Signature, typed or printed name of registered agent	I and title if applicable (NOTE) D DIRECTORS	is, the above-named corporationized by the corporation Statutes. Registered Agent signature required 13.	ed when reinstating) DATE	changing its registentment as registe	stered ered
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD LONG, JOSEPH III 408 SOUTH STREET	I and title if applicable (NOTE) D DIRECTORS	is, the above-named corporation and statutes. Registered Agent signature require 13.	ed when reinstating) DATE	changing its registentment as registe	stered ered
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP	Signature, typed or printed name of registered agent OFFICERS AND PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351	Land title if applicable (NOTE) D. DIRECTORS DELETE	is, the above-named corporation and statutes. Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating) DATE	changing its regintment as registe	stered Fred IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351	I and title if applicable (NOTE) D DIRECTORS	is, the above-named corporation and by the corporation and a Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its regintment as registe	stered stered IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351 VPD MITHCELL, JAMES P O BOX 1661 N/A	Land title if applicable (NOTE) D. DIRECTORS DELETE	is, the above-named corporation and statutes. Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its regintered as registered as registered by DIRECTORS	IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351 VPD MITHCELL, JAMES P O BOX 1661 N/A QUINCY FL 32351	Lend title if applicable (NOTE) D DIRECTORS DELETE	is, the above-named corporation and statutes. Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP	ADDITIONS/CHANGES TO OFFICERS AN ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES AND A	changing its regintent as registe	stered ored
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351 VPD MITHCELL, JAMES P 0 BOX 1661 N/A QUINCY FL 32351 TD	Land title if applicable (NOTE) D. DIRECTORS DELETE	is, the above-named corporation and by the corporation and statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	changing its regintent as registe	stered ored
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351 VPD MITHCELL, JAMES P 0 BOX 1661 N/A QUINCY FL 32351 TD	Lend title if applicable (NOTE) D DIRECTORS DELETE	is, the above-named corporation and by the corporation and statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES AND A	changing its regintent as registe	stered ored
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351 VPD MITHCELL, JAMES P O BOX 1661 N/A QUINCY FL 32351 TD HOLT, HARRY 1116 WEST LAURA STREET QUINCY FL 32351 D	Lend title if applicable (NOTE) D DIRECTORS DELETE	is, the above-named corruthorized by the corporation Statutes. Registered Agent signature require 13. 1.1 TITLE 12. NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES AND A	changing its register intment as register intment as register in the change	stered ored
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P	OFFICERS AND OFFICERS AND PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351 VPD MITHCELL, JAMES P O BOX 1661 N/A QUINCY FL 32351 TD HOLT, HARRY 1116 WEST LAURA STREET QUINCY FL 32351 D MONROE, EUGENE JR ROUTE 6 BOX 334-B, N/A	Lend title if applicable (NOTE) D DIRECTORS DELETE DELETE	is, the above-named corruthorized by the corporation statutes. Registered Agent signature require 13. STREET ADDRESS 14. CITY-ST-ZIP 2. NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.5 STREET ADDRESS 5.5 STREE	ADDITIONS/CHANGES TO OFFICERS AN ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES AND A	changing its register intment as register intment as register in the change	Stered ored IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI PD LONG, JOSEPH III 408 SOUTH STREET QUINCY FL 32351 VPD MITHCELL, JAMES P O BOX 1661 N/A QUINCY FL 32351 TD HOLT, HARRY 1116 WEST LAURA STREET QUINCY FL 32351 D MONROE, EUGENE JR	Lend title if applicable (NOTE) D DIRECTORS DELETE DELETE	is, the above-named corruthorized by the corporation Statutes. Registered Agent signature require 13. STREET ADDRESS 14. CITY-ST-ZIP 2. NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS AN ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES AND A	changing its register intment as register intment as register interest in the change	Stered ored IN 12 Addition
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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, with all other like empowered.

SIGNATURE:

| Statute |