FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:22

DOCUMENT # N94000002347 (2)

1. Corporation Name
U.C.T. YOUTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
612 SUPERIOR AVE TAMPA FL 33606	612 SUPERIOR AVE TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report:
4. FEI Number: 31-1409157 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEILAND, JACK 612 SUPERIOR AVE TAMPA FL 33606	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MONROE, JAMES A	12 NAME	
STREET ADDRESS	632 N PARK ST	13 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WEILAND, JACK R SR	22 NAME	
STREET ADDRESS	612 SUPERIOR AVE	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☑ Change ☐ Addition
NAME	HOUK, ALLEN	32 NAME	DT KEVIN HECKER
STREET ADDRESS	632 N PARK ST	33 STREET ADDRESS	632 N PARK ST.
CITY-ST-ZIP	COLUMBUS OH 43215	34 CITY-ST-ZIP	COLUMBUS, OH 43215
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	SHAFER, SANDY	42 NAME	
STREET ADDRESS	632 N PARK ST	43 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	WEILAND, JACK R	52 NAME	
STREET ADDRESS	612 SUPERIOR AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Sandy Shafer Sandy Shafer 4-25-95 ext 517 414-228-3276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0033602