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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

N94000002347 (2) DOCUMENT #
1. Corporation Name

U.C.T. YOUTH ASSOCIATION, INC.

| Principal Place of Business Mailing Address | | | | | | Bibir Ab iri Bi ri I | I BIRR WOLLD WOLLD DROUG LI | |
|---|--|-------------------------------|--------------------------|---------------------------|--|------------------------------------|-----------------------------|-----------------------------|
| 612 SUPERIOR AVE | | 612 SUPERIOR AVE | | | | | | |
| TAMPA FL 33606 | | TAMPA FL 33606 | | | | | | |
| | | | | | 3. Date Incorporated 05/10/1994 | or Qualified | 3a. Date of Lat 05/01/ | |
| | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| 21 Suite Apt H etc | | 26 | | | | 31-1409157 | | |
| | | Suite, Apt. #, etc. | | | 5. Certificate of Statu | s Desired | 1 1 ' | 75 Additional e Required |
| — | City & State City & State | | | | 6. Election Campaign | _ | 1 1 7 7 | 00 May Be |
| Z ip | Country Zip | | Country | Trust Fund Contribution | | | Auc | led to Fees |
| 24 | 25 | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No | | | s. 199.032, |
| | 9. Name and Address of Curren | | 1501 | | 10. Name and Addre | | | |
| | | | 81 | Name | | | | |
| WEILAND, JACK | | | | Street A | ddress (P.O. Box Number is N | Not Acceptable | a) | |
| 612 SUPERIOR AVE | | | | | | | | |
| TAMPA FL 33606 | | | 83 | | | | | |
| | | | 84 | City | | | F1 85 2 | Zip Code |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617.1508. Florida Statute | es, the above r | amed cor | poration submits this stateme | nt for the nurr | occ of changing its | registered office |
| 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 registronic agent and their applicable (NOTE Re | | | | t sigir aturu red | quired when reinstating) | | DATE. | |
| 12. | OFFICERS AND DIRECTORS | | | | ADDITIONS/CHAN | GES TO OFFIC | CERS AND DIRECT | ORS IN 12 |
| THEF | DP DELETE | | 1 1 TATLE | DIRECTOR Change MAddition | | | Addition | |
| NAME | MONROE, JAMES A 632 N PARK ST | | 1.2 NAME | | 632 N. PAR | K SI | _ | |
| STREET ADDRESS | COLUMBUS OH 43215 | | 1.3 STREET | ADDRESS | 600 NI THE | | | |
| TITLE | D | DELETE | 1.4 CITY-S 2 1 TITLE | T-ZIP 4 | COLUMBUS, C | 7 H 4 | 3 0/13 | - Augusta |
| NAME | WEILAND, JACK R SR | Препе | 2 2 NAME | | | | ☐ Change | Addition |
| STREET ADDRESS | 612 SUPERIOR AVE | NO SUIDEDIAD AVIC | | ADDRESS | | | | |
| City-St-ZiP | TAMPA FL 33606 | | 2 4 CITY - S | | | | | |
| TITLE | DT DELETE | | 3 1 TITLE | | | | Change | Addition |
| NAME | HECKER, KEVIN | | 3.2 NAME | ĺ | | | | |
| STREET ADDRESS | 632 N PARK ST | | 3 3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | COLUMBUS OH | | 3.4 CITY - S | I - ZIP | | | | |
| TITLE | DV | DELETE | 4 1 TITLE | | | | ☐ Change | Addition |
| NAME | SHAFER, SANDY | | 4 2 NAME | | | | | |
| STREET ADDRESS | | | 43 STREET | ADDRESS | | | | |
| CITY - ST - ZIP | COLUMBUS OH 43215 | Flores | 4 4 CITY - S | r - ZIP | | | | |
| TITLE | WEILAND, JACK R | DELETE | 5 1 THILE | | | | Change | Addition |
| NAME STORET ADODESS | 612 SUPERIOR AVE | | 5 2 NAME | | | | | |
| STREET ADDRESS | TAMPA FL 33606 | | 5 3 STREET | 1 | | | | |
| CITY+S!-ZIP THTLE | DIRECTOR | DELETE | 5 4 CITY+S' 6 1 TITLE | r-ZIP | | | Change | ☐ Addition |
| NAME | LARIN L. STOUGH | | 62 NAME | | | | L_I Change | |
| STREET ADDRESS | 632 N. PARK ST. | | 6 3 STREET | ADDRESS | | | | |
| CrTY-ST-ZiP | COLUMBUS, OH 43 | 315 | 6.4 CITY - ST | Į | | | | |
| 14 Ldo boro | by positive that the interpretation is a first | 711. 41.1 E1 | 040013.3 | E IF | | | | |

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

SIGNATURE: SIGNATURE AND TYPED OR PRILYTED NAME OF SIGNING OFFICER OR DIRECTOR SANDRA VILAFER

64-228-3276 Dayling Prone N

CR2E037 (12/95)