SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N94000005017 (8) **DOCUMENT #** Corporation Nam WHOLE HEARTED YOUTH OUTREACH INCORPORATED Principal Place of Business Mailing Address P.O. BOX 10471 715 65TH AVENUE WEST **BRADENTON FL 34207** BRADENTON FL 34207 3a. Date of Last Report 3. Date Incorporated or Qualified 10/10/1994 08/25/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0572480 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zip Country Florida Statutes Yes No 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SKORSKI, JOHN J Street Address (P.O. Box Number is Not Acceptable) 82 715 65TH AVE. WEST 83 **BRADENTON FL 34207** 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96E) OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE SKORSKI, JOHN J CR2E037 12 NAME NAME 715 65TH AVENUE WEST 1.3 STREET ADDRESS STREET ADORESS **BRADENTON FL 34207** 1.4 CITY - ST - ZIP CITY-ST-ZIF Change Addition Vice Tres DELETE 21 TITLE TITLE D SKORSKI, MICHELLE D 22 NAME NAME 715 65TH AVENUE WEST 2.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** 2.4 CITY - ST-ZIP CITY-ST-ZIF > DELETE Change Addition Trestre STATE . . TITLE SusummeM Dieck SKORSKI, ELISHA 3.2 NAME NAME 2204 Colony Court Ruskin FL 33570 715 65 AVE. W. 3.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 41 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIF Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP 200001927842^{hange} -08/21/36--01012--040 DELETE 61 TITLE TITLE 6.2 NAME ***61.25 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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)(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 the composition of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and the composition of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and the composition of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and the composition of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and the composition of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and the composition of the receiver or trustee empowered to execute this report as required by Chapter 617. that my name appears in Block 12 or Block 13 if changed, or on an attachment

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