

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

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95 JUN 30 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **N94000005542 (5)**

1. Corporation Name

**YOUTH OPPORTUNITIES UNLIMITED RECREATION CENTER  
INC.**

Principal Place of Business

Mailing Address

C/O WAYNE C. STESEN  
2410 PAISLEY CT  
ORANGE PARK FL 32065

C/O WAYNE C. STESEN  
2410 PAISLEY CT  
ORANGE PARK FL 32065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

11/09/1994

4. FEI Number

59-3281694

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

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

KING, DAVID A  
1416 KINGSLEY AVE  
ORANGE PARK FL 32073

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D/P D/P**  
NAME **STESSEN, WAYNE C**  
STREET ADDRESS **2410 PAISLEY CT**  
CITY - ST - ZIP **ORANGE PARK FL 32065**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **D/D/D/V**  
NAME **BOUSCHER, KELLY J**  
STREET ADDRESS **316 BLANDING BLVD**  
CITY - ST - ZIP **ORANGE PARK FL 32073**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **SK**  
NAME **SMOQT, JOHN R**  
STREET ADDRESS **5653 COUNTY RD 218**  
CITY - ST - ZIP **JACKSONVILLE FL 32234**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **D/D D/V**  
NAME **CROWE, JOHN M III**  
STREET ADDRESS **3047 FOREST OAKS DR**  
CITY - ST - ZIP **ORANGE PARK FL 32073**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D/D D/S**  
NAME **ADKINS, JAY A**  
STREET ADDRESS **1834 COUNTY RD 220**  
CITY - ST - ZIP **ORANGE PARK FL 32073**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), 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.

**REMITTED BY MAY 1**

*H DEPOSITED BY BANK* *RC*

SIGNATURE: Wayne C. Stessen WAYNE C. STESEN, President 4-25-95 (904) 277-6268  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #