

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000005542 (5)

1. Corporation Name
YOUTH OPPORTUNITIES UNLIMITED RECREATION CENTER INC.



Principal Place of Business: **C/O WAYNE C. STESEN, 2410 PAISLEY CT, ORANGE PARK FL 32065**
Mailing Address: **C/O WAYNE C. STESEN, 2410 PAISLEY CT, ORANGE PARK FL 32065**

3. Date Incorporated or Qualified: **11/09/1994**
3a. Date of Last Report: **06/30/1995**
4. FEI Number: **59-3281694**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26 P.O. Box 1538**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28 ORANGE PARK, FL**
24. Zip: **29 32067-1538** Country: **30 USA**

9. Name and Address of Current Registered Agent
**KING, DAVID A
1416 KINGSLEY AVE
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent
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 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: *Wayne C. Stesen* **WAYNE C. STESEN, DP** **4-30-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STESEN, WAYNE C	
STREET ADDRESS	2410 PAISLEY CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BOUSCHER, KELLY J	
STREET ADDRESS	316 BLANDING BLVD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMOOT, JOHN R	
STREET ADDRESS	5853 COUNTY RD 218	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CROWE, JOHN M III	
STREET ADDRESS	3047 FOREST OAKS DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ADKINS, JAY A	
STREET ADDRESS	1934 COUNTY RD 220	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *John M. Crowe III* **JOHN M. CROWE III, TREASURER** **April 30, 1996** **904 731-9591**
Signature and typed or printed name of signing officer or director (Date) (Daytime Phone #)

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