

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
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002327 (3)

1. Corporation Name

FLORAL CITY YOUTH FOUNDATION, INC.



Principal Place of Business

Mailing Address

7729-B PINE LAKE LANE
FLORAL CITY FL 34436

7729-B PINE LAKE LANE
FLORAL CITY FL 34436

3. Date Incorporated or Qualified
05/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 4401 B S. Florida Av.

26 4401 B. S. Florida Ave

4. FEI Number
593312631

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 INVERNESS, FL

27 INVERNESS FL

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

City & State

City & State

23 34450 USA

28 34450 USA

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

TAYLOR, LYMAN J III
7729-B PINE LAKE LANE
FLORAL CITY FL 34436

81 Name TAYLOR, LYMAN J. III

82 Street Address (P.O. Box Number is Not Acceptable)

4401 B. S. Florida Av

83

84 City

INVERNESS

FL

85 Zip Code

34450

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

Lyman J. Taylor III

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director

NAME LYMAN J. TAYLOR III

STREET ADDRESS 29107 THACKERY

CITY-ST-ZIP NOBLETON, FL 34661

DELETE

TITLE Director

NAME TROY JONES

STREET ADDRESS 21450 CANAL DR

CITY-ST-ZIP BROOKSVILLE, FL. 34601

DELETE

TITLE Treasurer

NAME H.G. EMLINGH

STREET ADDRESS 11020 SWEETSH

CITY-ST-ZIP FLORAL CITY, FL 34436

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

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STREET ADDRESS

CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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SIGNATURE:

Lyman J. Taylor III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017113

CR2E037 (3/96)