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FILED

Apr 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000547 (7)

1. Corporation Name

YOUTH SERVICES ORGNAIZATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 451935
KISSIMMEE FL 34745-1935P.O. BOX 451935
KISSIMMEE FL 34745-19353. Date Incorporated or Qualified
01/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3373249

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

BARNARD, BRUCE
1587 TWELVE OAKS CIR.
KISSIMMEE FL 34744-6243

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

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	P	<input checked="" type="checkbox"/> DELETE
NAME	ALDRICH, BRENDA L	
STREET ADDRESS	1995 MAGUIRE RD.	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BARNARD, BRUCE	
STREET ADDRESS	1587 TWELVE OAKS CIRCLE	
CITY-ST-ZIP	KISSIMMEE FL 34745	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILAZO, TRICIA	
STREET ADDRESS	3262 BROWN ST.	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, MARITZA	
STREET ADDRESS	1018 APOPKA WOODS LANE	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	T	C / CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		BRUCE BARNARD	
1.3 STREET ADDRESS		1587 TWELVE OAKS CIRCLE	
1.4 CITY-ST-ZIP		KISSIMMEE, FL 34744-6243	
2.1 TITLE	T	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		NANCY HYLAND	
2.3 STREET ADDRESS		8818 PARLIAMENT COURT	
2.4 CITY-ST-ZIP		KISSIMMEE, FL 34747	
3.1 TITLE	T	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		WENDY MOSES	
3.3 STREET ADDRESS		2941 HAM BROWN ROAD	
3.4 CITY-ST-ZIP		KISSIMMEE, FL 34746	
4.1 TITLE	T	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		JEANNE OGLESBY	
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	T	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		ANITA BROWNING	
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	S		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		BRUCE BARNARD	
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-97

407-847-2899

Date

Daytime Phone # 0070055

CR2E037 (9/96)