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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT '1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N-96000001078
1. Corporation Name

YOUTH ENTERPRISES CONNECTIONS OF FLORIDA, INC

Principal Place of Business 140 S. Pennsylvania Av. Winter Park, Fl. 32789	Mailing Address P.O. Box 236 Winter Park, Fl. 32790
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3. Date Incorporated or Qualified 02-01-96	3a. Date of Last Report First Report
4. FEI Number 65-0690681	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> * \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 140 S. Pennsylvania Av. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 236 Suite, Apt. #, etc.
22 City & State 23 Winter Park, Fl. Zip 32789	27 City & State 28 Winter Park, Fl. Zip 32790
24 32789	25 Orange
29 32790	30 Orange

9. Name and Address of Current Registered Agent

Renee Joy Ransom -
140 South Pennsylvania Avenue
Winter Park, Florida 32789

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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 *Renee Joy Ransom* DATE 4-24-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	President	<input type="checkbox"/> DELETE
NAME	Renee Joy Ransom - MD	
STREET ADDRESS	140 S. Pennsylvania Ave	
CITY-ST-ZIP	Winter Park Florida 32789	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Sandy L. Ransom - D	
STREET ADDRESS	140 S. Pennsylvania Ave	
CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE	Vice President II	<input checked="" type="checkbox"/> DELETE
NAME	Mary H. Banks	
STREET ADDRESS	6950 S.W. 128th Place	
CITY-ST-ZIP	South Miami, Florida	
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Tyrome Samuel Banks	
STREET ADDRESS	6950 S.W. 128th Place	
CITY-ST-ZIP	South Miami, Florida	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	James Hutchins	
STREET ADDRESS	2180 N.W. 204th Street	
CITY-ST-ZIP	Miami, Florida	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rawn C. Williams	
1.3 STREET ADDRESS	1900 N.W. 55th Street	
1.4 CITY-ST-ZIP	Miami, Florida 33142	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rodney L. Dorsey	
2.3 STREET ADDRESS	524 Carver Blvd.	
2.4 CITY-ST-ZIP	Eatonville, Florida	
3.1 TITLE	Director/(Fundraising)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Debra Sheffield-Irby -D	
3.3 STREET ADDRESS	2211 Rutland Street	
3.4 CITY-ST-ZIP	Opa-Locka, Fl 33054	
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 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: *Renee Joy Ransom* Renee Joy Ransom 04-24-97 407-599-9669 407-599-9256 FAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)