SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N96000001351 (3)

1. Corporation Name

SANCTUARY YOUTH CENTER, INC.

Principal Place of Business	Mailing Address
227 S KENTUCKY AVE LAKELAND FL 33801	PO BOX 322 LAKELAND FL 33802

2. Principal Place of Business
21 541 S. Florida Ave.
Suite, Apt. #, etc.
22
City & State
23 Lakeland, FL
Zip 24 33801 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
03/05/1996

4. FEI Number
59-3374369
[ ] Applied For
[ ] Not Applicable

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. Is this nonprofit corporation a homeowners association?
[ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. **Name and Address of Current Registered Agent**

BARTON, MARK W
10508 GEORGE SMITH ROAD
LITHIA FL 33547

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, type or print name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	WRIGHT, BRUCE	
STREET ADDRESS	4434 6TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	[ ] DELETE
NAME	COLLINGSWORTH, DAVID	
STREET ADDRESS	739 E GARDEN ST	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	[ ] DELETE
NAME	BARTON, MATTHEW J	
STREET ADDRESS	10508 GEORGE SMITH RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	[ ] DELETE
NAME	BARTON, MARK W	
STREET ADDRESS	10508 GEORGE SMITH RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	[ ] DELETE
NAME	BARTON, DEBRA L	
STREET ADDRESS	10508 GEORGE SMITH RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	[ ] DELETE
NAME	SOULE, CHRIS	
STREET ADDRESS	PO BOX 25 N/A	
CITY-ST-ZIP	MULBERRY FL 33860	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (5/98)

14. I 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: Mark W. Barton MARK W. BARTON 9/29/98 813 737 2809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #