## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT G Sandra B. Morifia

Secretary of State

DIVISION OF CORPORATIONS

1997

N96000002418 (9) DOCUMENT #

SERENOA YOUTH FOUNDATION, INC.

Principal Place of Business Mailing Address 4 BRIDGE STREET ENGLEWOOD FL 34223 4 BRIDGE STREET ENGLEWOOD FL 34223-4634 3. Date Incorporated or Qualified 05/07/1996 3a. Date of Last Report 4. FEI Number 0673/33 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, Yes X No Florida Statutes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **JONES, CARROLL F** 82 4 BRIDGE STREET ENGLEWOOD FL 34223 В3 Zip Code **3423**を 84 ARASOTA 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statules, 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

ignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETÉ Change Addition TITLE 11 TITLE JONES, CARROLL F NAME 1.2 NAME 4 BRIDGE ST. STREET ADDRESS 1.3 STREET ADDRESS **ENGLEWOOD FL 34223** CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ DELETE 2.1 TITLE Addition TITLE NAME OWEN, JAMES 2.2 NAME **6773 SERENOA DRIVE** STREET ADDRESS 2.3 STREET ADDRESS BARBACTA FL 34241 Savasotz CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change 3.1 T(T) E Arthur M. Wood, Jr. NAME 3.2 NAME KIC Ringling Polvd. D STREET ADDRESS 3.3 STREET ADDRESS Sarasita, Fr 34236 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE Norman J. Shee III 4.1 THILE 800 S. Ospren Ave. Sarasota FE 34736 NAME 4. 2 NAME D STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition T. Raymond Suplex 800 S. Osprey Ave. 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the Information supplied with this fitting 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 supplies and an 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.

**FILED** 

Jun 18 1997 8:00am

Secretary of State