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0036855

NONPROFIT CORPORATION
ANNUAL REPORT
1999

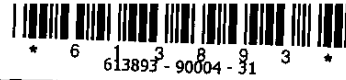


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

09-09-1999 90004 031 ****61.25

DOCUMENT # N96000002827

Corporation Name
YOUNG CITIZENS CONSERVATION CORPS, INC.



* 6 1 3 8 9 3 - 9 0 0 0 4 - 3 1 3 *

Principal Place of Business
278 N FEDERAL HWY #551
FT. LAUDERDALE FL 33308
S

Mailing Address
7 MENDOTA LN
SEA RANCH LAKES FL 33308
US



| | | |
|-----------------------------|---------------------|--|
| Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 05/29/1996 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 65-0667254 |
| City & State | City & State | Applied For Not Applicable |
| Zip | Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Country | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BEGGS, BARBARA T 6278 N FEDERAL HWY #551 FT. LAUDERDALE FL 33308 | | 81 Name | 85 Zip Code |
| | | 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| | | 83 | |
| | | 84 City | |

I, 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 _____

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|---|--|
| LE | PD BARBARA TAYLOR BEGGS 7 MENDOZA LANE SEARANCH LAKES FL 33308 | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 1.2 NAME | |
| REET ADDRESS | | 1.3 STREET ADDRESS | MENDOTA |
| Y-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| LE | VPD WILLIAM F BEGGS 7 MENDOZA LN SEARANCH LKS FL 33308 | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 2.2 NAME | |
| REET ADDRESS | | 2.3 STREET ADDRESS | MENDOTA |
| Y-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| LE | STD KATALAGN BACUZZI 1507 NE 17TH AVE FT LAUDERDALE FL 33304 | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 3.2 NAME | Kathleen |
| REET ADDRESS | | 3.3 STREET ADDRESS | |
| Y-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| LE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 4.2 NAME | |
| REET ADDRESS | | 4.3 STREET ADDRESS | |
| Y-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| LE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 5.2 NAME | |
| REET ADDRESS | | 5.3 STREET ADDRESS | |
| Y-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| LE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 6.2 NAME | |
| REET ADDRESS | | 6.3 STREET ADDRESS | |
| Y-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: Barbara Taylor Beggs SIGNATURE REQUIRED Date: 9/1/99 Daytime Phone #: 954-7847660

CR2E037 (1/98)