


FILE NOW: FILING FEE IS \$61.25

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Sep 04 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 # N96000003486 (5)
1. Corporation Name
FLORIDA YOUTH ORGANIZATION, INC.



Principal Place of Business POST OFFICE BOX 280234 TAMPA FL 33682	Mailing Address POST OFFICE BOX 280234 TAMPA FL 33682-0234
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3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number 59-3403123	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent

**ROWLAND, SHAWN M
2045 EAST BAY DRIVE STE 228
LARGO FL 33771**

10. Name and Address of New Registered Agent

81. Name ROWLAND, SHAWN M.
82. Street Address (P.O. Box Number is Not Acceptable) 2045 EAST BAY DR, STE 303
83.
84. City LARGO
85. Zip Code FL 33771

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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GANSEMER, PAUL	
STREET ADDRESS	10905 BRITANY LANE STE 13	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROWLAND, SHAWN M	
STREET ADDRESS	2045 E. BAY DRIVE STE 228	
CITY-ST-ZIP	LARGO FL 33612	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORGAN, HARRISON	
STREET ADDRESS	464 LAKE BRIDGE LANE STE 1325	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TD ROWLAND, SHAWN M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2045 E. BAY DR. STE 303
2.3 STREET ADDRESS	LARGO, FL 33612
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SD CHRISTINA OLSON
4.3 STREET ADDRESS	10905 BRITANY LANE STE 13
4.4 CITY-ST-ZIP	TAMPA FL 33612
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D EDITH S. McDERMOTT
5.3 STREET ADDRESS	10304 BRAMBLEWOOD PL
5.4 CITY-ST-ZIP	TAMPA FL 33624
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 _____ DATE **9/30/97** **813-578-9400**

CR2E037 (9/96)