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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600003486 (5)

FLORIDA YOUTH ORGANIZATION INC

FLORIDA TOUTH ONGANIZATION, INC.							
Principal Place of Business Malling Address				T CONTRIBIT DATA COLUMN DESTIN DOUGH DOUGH CONTRI CONTRIBUTIONS			
POST OFFICE BOX 1236 LARGO FL 33779-1236 POST OFFICE BOX 1236 LARGO FL 33779-1236					3. Date incorporated or Qualified 06/28/1996 4. FEI Number	pplied For	
						ot Applicable	
2. Principal P	2. Principal Place of Business 2a. Malling Address 25				5. Certificate of Status Desired \$8.75	Additional equired	
Suite, Apt. #, etc. Sul 22 27		Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
City & Stat	City & State City & State				7. Is this nonprofit corporation a homeowners association? Yes No		
Zip	Country 25	Zip 29 :	Counti	у	8. This corporation owes or has paid the current year Int. Personal Property Tax due June 30. Yes	angible No N A	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent		
	· · · · · · · · · · · · · · · · · · ·		8	Name S	HAMUN ROWLAND		
ROWLAND, SHAWN M 2045 EAST BAY DR.			8	Street A	ddress (P.O. Box Number is Not Acceptable) 2.045 E. BAI DRIVE # 10	7	
STE 228			8	3	2043 0. 01 1 10.700	•	
LARGO FL	22771		Ĺ	<u> </u>			
LANGO FL	. 33771		β.	4 City	LARGO FL 85 Zip.	らぬって	
office or re agent. I as SIGNATURE	come provisions of sections of Notice greatered agent, or both, in the State on familiar with, and accept the obligations of the section of t				poration submits this statement for the purpose of changing its regulation's board of directors. I hereby accept the appointment as reg	istered	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change	Addition	
NAME	GANSEMER, PAUL					71004011	
STREET ADDRESS	I and a manufacture and an an		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-	ST-ZIP			
TITLE	TD	DELETE			Change	Addition	
NAME	ROWLAND, SHAWN M		2.2 NAME	.	•	_	
STREET ADDRESS	1		2.3 STRE	T ADDRESS			
CITY-ST-ZIP	LARGO FL		2.4 CITY-	ST-ZIP			
TITLE	VD DELETE		3.1 TITLE		Change	Addition	
NAME	MORGAN, HARRISON		3.2 NAME	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS	-		
CITY-ST-ZIP	AP O PKA FL 32703		3.4 CITY-				
TITLE	SD	DELETE 4.11			Change	Addition	
NAME	OLGOTA CHINAT		4.2 NAME				
STREET ADDRESS	700,000,000,000,000,000,000,000,000,000			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY				
TITLE	D	DELETE	5.1 TITLE		≤ D Change	Addition	
NAME	MCDERMOTT, EDITH S		5.2 NAME		MEDERMOTT, EDITH S		
STREET ADDRESS	10304 BRAMBLEWOOD PL.		5.3 STRE	T ADDRESS	INDUL PRANCE = WALL DI		

8.4 CITY-ST-ZIP CITY-\$T-ZIP 14. I hereby certify that the information supplied with this filling 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, if or an attachment with an address.

6.2 NAME

5.4 CITY-ST-ZIP B.1 TITLE

6.3 STREET ADDRESS

SIGNATURE:

TAMPA FL

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

3<u>0000</u>25650**4**

-10/16/98--01009--**00**8

10304 BRAMBLE WOOD PL

***70.00

Addition

FILED

Oct 15 1998 8:00am

Secretary of State