

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.26).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000003486

1. Corporation Name
FLORIDA YOUTH ORGANIZATION, INC.

Principal Place of Business POST OFFICE BOX 1236 LARGO FL 33779-1236	Mailing Address POST OFFICE BOX 1236 LARGO FL 33779-1236
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FILED
 99 OCT -5 AM 10:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



001780

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/28/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3403123
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 ROWLAND, SHAWN 2045 EAST BAY DR., #107 LARGO FL 33771	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

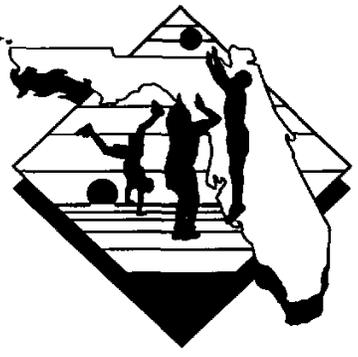
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D GANSEMER, PAUL 10905 BRITANY LANE STE 13 TAMPA FL 33612 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD LOIS ORLANDO 1021 CARDIGAN LN PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ROWLAND, SHAWN M 2045 E. BAY DR. STE 303 LARGO FL 33771 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	900003012909--3 -10/13/99--01002--003 ***70.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MCDERMOTT, EDITH S 10304 BRAMBLEWOOD PL. TAMPA FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD SUSAN FARLOW 1734 GREENHILL DRIVE CLEARWATER, FL 33755 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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; I am an officer or director of the corporation or the principal 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 persons empowered.

SIGNATURE: _____ DATE: 9/29/99 TIME: 818-238-4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/99)

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Florida Youth Organization, Inc.
Post Office Box 1236 • Largo, Florida 33779-1236 • 800.485.4299

Oct 1, 1999

Florida Department of State
Annual Report Filings
Reinstatements
409 East Gaines Street
Tallahassee, FL 32399
Tel 850.488.9000

Good Morning:

As per our telephone conversation on 9/30, here is our Annual Report.

I apologize for being late and request that the reinstatement fee be waived. I had just received the notice from our volunteer that checks our mail and found that we had missed the deadline. We are dormant during the months of Aug - Jan and at times we get information slowly from our volunteers. Please reinstate our corporation and send a Certificate of Status. This will not happen again.

Thank you for your understanding.

Sincerely,

A handwritten signature in black ink, appearing to read 'Shawn Rowland', written in a cursive style.

Shawn Rowland
CFO and Treasurer
818.238.4368 Office
800.749.8888 Pin 3878513 Pager

P.S. Please note that all three attached annual reports are from sister organizations.