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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90045 011 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003636

1. Corporation Name

TALLAHASSEE YOUTH COUNCIL INITIATIVE, INC.

Principal Place of Business
100 NORTH DUVAL STREET
TALLAHASSEE FL 32302

Mailing Address
P.O. BOX 1639
TALLAHASSEE FL 32302



2. Principal Place of Business 21 603 North Martin Luther King Blvd Suite, Apt. #, etc. 22		2a. Mailing Address 26 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 07/10/1996	
23 City & State Tallahassee FL		28 City & State		4. FEI Number 59-3424220 Applied For Not Applicable	
24 Zip 32301		25 Country Leon		29 Zip 30	
26 Country		27 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28 Country		29 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 COLE, BRAD 2001 APALACHEE PKWY. TALLAHASSEE FL 32301			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		

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 Keith Kitchens DATE April 28, 1999
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	COLE, BRAD 2001 APALACHEE PKWY. TALLAHASSEE FL 32301	1.1 TITLE C	Keith Kitchens
NAME		1.2 NAME	1317 Winewood Blvd Bldg 8 Rm 303
STREET ADDRESS		1.3 STREET ADDRESS	Tallahassee FL 32399-0700
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE V	KITCHENS, KEITH 1317 WINEWOOD BLVD. BLDG. 7 #219 TALLAHASSEE FL 32399-0700	2.1 TITLE V	Riggins, Robert
NAME		2.2 NAME	2729 W. Pensacola St
STREET ADDRESS		2.3 STREET ADDRESS	Tallahassee FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	RIGGINS, ROBERTA 2729 W. PENSACOLA ST. TALLAHASSEE FL 32304	3.1 TITLE S	Govans, John
NAME		3.2 NAME	912 Myers Park Dr
STREET ADDRESS		3.3 STREET ADDRESS	Tallahassee, FL 32301
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	THOMAS, JOE 2301 PASCO STREET TALLAHASSEE FL 32310	4.1 TITLE D	Cole, Brad
NAME		4.2 NAME	2001 Apalachee Pkwy
STREET ADDRESS		4.3 STREET ADDRESS	Tallahassee FL 32301
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	GOVANS, JOHN 912 MYERS PARK DR. TALLAHASSEE FL 32301	5.1 TITLE D	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	PERSONS, LEWIS 1589 METROPOLITAN BLVD TALLAHASSEE FL 32308	6.1 TITLE D	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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: Keith Kitchens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/99
Date

Daytime Phone #

CR2E037 (11/98)