


FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006030 (8)**

1. Corporation Name

WES CHANDLER YOUTH FOUNDATION, INC.



Principal Place of Business 450 WHITNEY STREET DAYTONA BEACH FL 32114	Mailing Address 132 ROSEBANK RD. DAYTONA BEACH FL 32114 US
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3. Date Incorporated or Qualified 11/21/1996	
4. FEI Number 59-3429669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N/A	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent	
BROWN CRAWFORD, KIM 132 ROSE BANK RD. DAYTONA BEACH FL 32114	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

10. Name and Address of New Registered Agent	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN CRAWFORD, KIM	1.2 NAME	
STREET ADDRESS	132 ROSE BANK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	1.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAHERTY, TINA	2.2 NAME	Stephen Braggs
STREET ADDRESS	226 COVENTRY CT.	2.3 STREET ADDRESS	6514 Haughton Ln
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKINLEY, TOM	3.2 NAME	
STREET ADDRESS	827 LAKE LAND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEORE, JOHN	4.2 NAME	Kim Brown-Crawford
STREET ADDRESS	2701 S. RIDWOOD AVE., STE. A8	4.3 STREET ADDRESS	132 Rosebank Rd
CITY-ST-ZIP	S. DAYTONA BEACH FL 32219	4.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, RUFUS	5.2 NAME	
STREET ADDRESS	703 VISTA VIEW CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32127	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY, REGGIE	6.2 NAME	
STREET ADDRESS	905 NORTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	6.4 CITY-ST-ZIP	

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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.

SIGNATURE: *Kim Brown-Crawford* **Kim Brown-Crawford** 4/27/98 1908 258-2735

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