## FILE NOW: FILING FEE IS \$61.25

NONPROFIT , CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT

Sandra B. Morttiam Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT # N9700000874 (4)					
CONCERN FOR ALL YOUTH, INC.					
Principal Place of Business Mailing Address				I ICONION ONO SONIC SOUN CONTROLLI CONTRO	OT ODNIT NEĐÍM BYON NOCH
1813 SRD AVE WEST 1813 3RD AVE WEST				3. Date incorporated or Qualified	
PALMETTO FL	, 33421	PALMETTO FL 33421		02/13/1997	
				4. FEI Number 59-3403533	Applied For
2. Principal f	Place of Business	2a. Mailing Address			Not Applicable  3.75 Additional
21 26				1 92 Octunidate di Statos Desired Laura 1	Fee Required
Suite, Apt. #, etc.   Suite, Apt. #, etc.				5.00 May Be	
22 City & Sta	27 City & State City & State			7. Is this nonprofit corporation a homeowners ass	dded to Fees
23	-	28		Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current y	
24	25 9. Name and Address of Current I	29	30	Personal Property Tax due June 30. Ye 10. Name and Address of New Registered Agen	
R1 Name to 1					
POCCHA OCNICIA				Idex Lewis W. Sheri	MAN
2112 2ND AVE EAST			82 Street Add 22 14	dress (P.O. Box Number is Not Acceptable)	
PALMETTO FL 34221 83 < 7				2-1- 11	
			84 City	2   85	Zip Code
			57.	Fote. FL	,
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	Signature typed or printed name of registered agent		TE: Registered Agent signature req		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12
TITLE	President-D	☐ DELETE	1.1 TITLE		Change
NAME	BERNICE I SOM	•	1.2 NAME		
STREET ADORESS	1813 300 ave. w.		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	Palme Ho, HA 54	DELETE	1.4 C/TY - ST - Z/P 2.1 T/TLE		Change Addition
NAME	VILE-PRESIDENT-		2.2 NAME	Υ 🚨	manage E 7 Madallari
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP	PAIME HO. H. 3448	/	2.4 CITY-ST-ZIP		
TITLE	Secretary_	DELETE	3.1 TITLE		Change Addition
NAME	PATRICIA Dey		3.2 NAME		
l	1520 49 AVE. G.	•••	3.3 STREET ADDRESS		1
CITY-ST-ZIP	Bradenton, 91 34	208 □ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME	TREASURER	C Operate	4.1 TITLE	LJ (	Change Addition
STREET ADDRESS	JASON WARREN	•	4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	Palme to , 41 342.	2)	4.4 CITY-ST-ZIP		
TITLE	100	DELETE		ice. President (2)-D	change Addition
NAME			5.2 NAME /7	nildred moter	1
STREET ADDRESS			5.3 STREET ADDRESS 🗸	814 5 3t. W.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Almeth 91 84221	
TITLE		☐ DELETE	6.1 TITLE	197.00	Change
NAME	<b>!</b>		6.2 NAME	with murray 811,30 ave. 10.	
STREET ADDRESS			6.3 STREET ADDRESS	811, 819 ave. W.	
CITY-ST-ZIP	1		6.4 CITY - ST - ZIP	Almeto, \$1 84221	

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.

**FILED** 

May 26 1998 8:00am

Secretary of State