

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90183 023 ****61.25

DOCUMENT # N97000000874

1. Corporation Name

CONCERN FOR ALL YOUTH, INC.

Principal Place of Business

1813 3RD AVE WEST
PALMETTO FL 33421

Mailing Address

1813 3RD AVE WEST
PALMETTO FL 33421



2. Principal Place of Business

2a. Mailing Address

21 1813 3RD AVE West 26 1813 3RD AVE west

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Palmetto Florida

Zip

24 34221

Country

25 Man

27 City & State

28 Palmetto Florida

Zip

29

Country

30

3. Date incorporated or Qualified

02/13/1997

4. FEI Number

59-3403533

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHERMAN, LEWIS W
2210 11TH ST S
ST PETERSBURG FL 34221

10. Name and Address of New Registered Agent

81 Name SHERMAN LEWIS W

82 Street Address (P.O. Box Number is Not Acceptable)

83 2210 11th S

84 City ST PETERSBURG FL 85 Zip Code 34221

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 Lewis W. Sherman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ISOM, BERNICE
STREET ADDRESS 1813 3RD AVE W
CITY-ST-ZIP PALMETTO FL 34221

TITLE VPD
NAME CARNEGIE, PATRICK
STREET ADDRESS 1309 72ND ST E
CITY-ST-ZIP PALMETTO FL 34421

TITLE S
NAME DEY, PATRICIA
STREET ADDRESS 1520 4TH AVE E
CITY-ST-ZIP BRADENTON FL 34208

TITLE T
NAME WARREN, JASON
STREET ADDRESS 2113 8TH AVE W
CITY-ST-ZIP PALMETTO FL 34221

TITLE VPD
NAME MOTEN, MILDRED
STREET ADDRESS 1816 5TH STREET W
CITY-ST-ZIP PALMETTO FL 34221

TITLE D
NAME MURRAY, RUTH
STREET ADDRESS 1811 3RD AVE W
CITY-ST-ZIP PALMETTO FL 34221

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE VPD
1.2 NAME Morales, Paula R.
1.3 STREET ADDRESS 721 7th St West
1.4 CITY-ST-ZIP Palmetto, FL 34221

2.1 TITLE T
2.2 NAME Isom, Michael
2.3 STREET ADDRESS 2510 21st St. West
2.4 CITY-ST-ZIP Bradenton, FL 34208

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Signature and typed name of signing officer or director

Date

Daytime Phone #

CR2E037 (1/98)