


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 09 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001983 (2)
 1. Corporation Name
 CENTRAL PARK VILLAGE YOUTH SERVICES, INC.



Principal Place of Business Mailing Address

% GARCIA & FIELDS, P.A.
 101 E. KENNEDY BLVD., SUITE 2560
 TAMPA FL 33602

3. Date Incorporated or Qualified
 04/08/1997

4. FEI Number
 59-3478148

Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. CENTRA Park Village Youth 28. 3020 W. LAUREL ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22. TAMPA, FL 27. TAMPA, FL
 City & State City & State

23. 3020 W. LAUREL ST 28. TAMPA, FL
 Zip Country Zip Country

24. 33607 25. 29. 33607 30.

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

GARCIA, JOSEPH ESQ.
 GARCIA & FIELDS, P.A.
 101 E. KENNEDY BLVD., SUITE 2560
 TAMPA FL 33602

10. Name and Address of New Registered Agent

81. Name BOBBY WILDS
 82. Street Address (P.O. Box Number is Not Acceptable) 3020 W. LAUREL ST
 83.
 84. City TAMPA FL 85. Zip Code 33607

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: *Bobby Wilds* (NOTE: Registered Agent signature required when reinstating) DATE: 8-3-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President - D	1.1 TITLE	Board - D
NAME	BOBBY WILDS	1.2 NAME	Wally Anderson
STREET ADDRESS	3020 W. LAUREL ST	1.3 STREET ADDRESS	P.O. Box 3289
CITY-ST-ZIP	TAMPA, FL 33607	1.4 CITY-ST-ZIP	TAMPA, FL 33601
TITLE	Vice President - D	2.1 TITLE	Board
NAME	MACHIELMANAER	2.2 NAME	Ted Couch
STREET ADDRESS	100 S. ASHLEY ST. Suite 100	2.3 STREET ADDRESS	1717 E. FOWLER AVE
CITY-ST-ZIP	TAMPA, FL 33602	2.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE	2nd Vice President - D	3.1 TITLE	
NAME	Rev. Willie Williams	3.2 NAME	
STREET ADDRESS	1825 N. NEBRASKA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	3.4 CITY-ST-ZIP	
TITLE	Treasurer - D	4.1 TITLE	
NAME	FATHER ED LAMP	4.2 NAME	
STREET ADDRESS	1203 N. NEBRASKA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	4.4 CITY-ST-ZIP	
TITLE	Secretary - D	5.1 TITLE	
NAME	ANN PORTER	5.2 NAME	
STREET ADDRESS	725 E. KENNEDY BLVD. Suite 404	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	5.4 CITY-ST-ZIP	
TITLE	Board	6.1 TITLE	
NAME	JOE CAPITANO, SR.	6.2 NAME	
STREET ADDRESS	2004 DURHAM	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President - D	1.1 TITLE	Board - D
NAME	BOBBY WILDS	1.2 NAME	Wally Anderson
STREET ADDRESS	3020 W. LAUREL ST	1.3 STREET ADDRESS	P.O. Box 3289
CITY-ST-ZIP	TAMPA, FL 33607	1.4 CITY-ST-ZIP	TAMPA, FL 33601
TITLE	Vice President - D	2.1 TITLE	Board
NAME	MACHIELMANAER	2.2 NAME	Ted Couch
STREET ADDRESS	100 S. ASHLEY ST. Suite 100	2.3 STREET ADDRESS	1717 E. FOWLER AVE
CITY-ST-ZIP	TAMPA, FL 33602	2.4 CITY-ST-ZIP	TAMPA, FL 33612
TITLE	2nd Vice President - D	3.1 TITLE	
NAME	Rev. Willie Williams	3.2 NAME	
STREET ADDRESS	1825 N. NEBRASKA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	3.4 CITY-ST-ZIP	
TITLE	Treasurer - D	4.1 TITLE	
NAME	FATHER ED LAMP	4.2 NAME	
STREET ADDRESS	1203 N. NEBRASKA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	4.4 CITY-ST-ZIP	
TITLE	Secretary - D	5.1 TITLE	
NAME	ANN PORTER	5.2 NAME	
STREET ADDRESS	725 E. KENNEDY BLVD. Suite 404	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	5.4 CITY-ST-ZIP	
TITLE	Board	6.1 TITLE	
NAME	JOE CAPITANO, SR.	6.2 NAME	
STREET ADDRESS	2004 DURHAM	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 336	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.

SIGNATURE: *Bobby Wilds* BOBBY WILDS 8-3-98 (813) 875-5771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)