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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000000088

1. Corporation Name

BAKER COUNTY YOUTH HOPE CENTER, INC.

Principal Place of Business
23A AND MINNESOTA AVENUE
MACCLENNY FL 32063

Mailing Address
P.O. BOX 1064
MACCLENNY FL 32063

289936-90028-30 6 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
01/05/1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3493025

Applied For
Not Applicable

23 City & State

27 City & State

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

24 Zip 25 Country

29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSIER, PHYLLIS M
100 WEST CALL STREET
STARKE FL 32091

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME WEST, CARL
STREET ADDRESS P.O. BOX 1064
CITY-ST-ZIP MACCLENNY FL 32063

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME WILLIAMS, LU A
STREET ADDRESS P.O. BOX 216
CITY-ST-ZIP GLEN ST. MARY FL 32040

2.1 TITLE Change Addition
2.2 NAME TOM KOUBEK
2.3 STREET ADDRESS 10135 GATE PARKWAY NORTH #316
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D DELETE
NAME YARBOROUGH, ED
STREET ADDRESS ROUTE 1 BOX 420
CITY-ST-ZIP SANDERSON FL 32087

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

TITLE D DELETE
NAME RUISE, JOE
STREET ADDRESS P.O. BOX 236
CITY-ST-ZIP GLEN ST. MARY FL 32040

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

TITLE D DELETE
NAME GRIFFIS, FRANKLIN
STREET ADDRESS P.O. BOX 564
CITY-ST-ZIP GLEN ST. MARY FL 32040

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99 (204) 259-6286
Daytime Phone #

CR2E037-(11/98)