

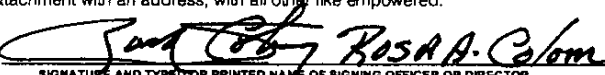


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90068 024 ****70.00

DOCUMENT # N98000001812					
1. Entity Name FLORIDA YOUTH CONSERVATION CORPS, INC.					
Principal Place of Business 37918 VITALITY WAY DADE CITY, FL 33523			Mailing Address 37918 VITALITY WAY DADE CITY, FL 33523		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05012007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLOM, BARTOLOME 36424 FLORRIE MAE LANE DADE CITY, FL 33352-6541			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME COLOM, BARTOLOME	<input type="checkbox"/> Delete	TITLE D	NAME AIDA POLANCO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 36424 FLORRIE MAE LN			STREET ADDRESS 317 WHITAKER ROAD		
CITY-ST-ZIP DADE CITY, FL 33523			CITY-ST-ZIP LUTZ, FL 33549		
TITLE D	NAME COLOM, ROSA	<input type="checkbox"/> Delete	TITLE D	NAME AHMAO NAWAB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 36424 FLORRIE MAE LN			STREET ADDRESS 7229 17TH COURT NE		
CITY-ST-ZIP DADE CITY, FL 33523			CITY-ST-ZIP ST. PETERSBURG, FL 33702		
TITLE D	NAME ACQUEDO, DANIEL	<input type="checkbox"/> Delete	TITLE D	NAME ACE VEDO, DANIEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8334 PADDLEWHEEL ST			STREET ADDRESS 8334 PADDLEWHEEL ST		
CITY-ST-ZIP TAMPA, FL 33637			CITY-ST-ZIP TAMPA, FL 33637		
TITLE P	NAME NORTON, BRENDAN	<input type="checkbox"/> Delete	TITLE D	NAME ESPARZA LOURDES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 317 WHITAKER RD			STREET ADDRESS 36432 FLORRIE MAE LANE		
CITY-ST-ZIP LUTZ, FL 33549			CITY-ST-ZIP DADE CITY, FL 33523		
TITLE T	NAME COLOM, BART JR	<input type="checkbox"/> Delete	TITLE D	NAME COLOM, BART, JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 CUT OFF BRANCH			STREET ADDRESS 2319 CARNATION HILL CT		
CITY-ST-ZIP OVIEDO, FL 32765			CITY-ST-ZIP ORLANDO, FL 32820		
TITLE S	NAME BLACKMON, TERRY	<input checked="" type="checkbox"/> Delete	TITLE S	NAME JUAN PAULA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 5746 LOMA VISTA DR W			STREET ADDRESS 15873 SW 150 TERRACE		
CITY-ST-ZIP DAVENPORT, FL 33896			CITY-ST-ZIP MIAMI, FL 33196		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/30/07		Daytime Phone #: 352-523-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					