

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 03, 1999 8:00 am
Secretary of State

05-03-1999 90086 027 ****61.25

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DOCUMENT # N98000003075

1. Corporation Name

REDIRECTING YOUNG LIVES, INC.

Principal Place of Business

2219 SE 7 AVE.
OCALA FL 34471

Mailing Address

P.O. BOX 1053
OCALA FL 34478



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/27/1998

4. FEI Number

☒ 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

RITTER, G. DON
728 S.E. FORT KING ST.
OCALA FL 34471

10. Name and Address of New Registered Agent

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

TITLE D
NAME GRIFFIN, HOLLEY M
STREET ADDRESS 2219 SE 7 AVE.
CITY-ST-ZIP Ocala FL 34471 ☐ DELETE

TITLE D
NAME WAITE, RAYMOND A
STREET ADDRESS 8657B SW 97TH LANE ROAD
CITY-ST-ZIP Ocala FL 34481 ☒ DELETE

TITLE D
NAME CONVERSE, OREN L
STREET ADDRESS 205 NE 70TH TERRACE
CITY-ST-ZIP Ocala FL 34470 ☐ DELETE

TITLE D
NAME Darlene (Gidart) Bechel
STREET ADDRESS 18100 NE 14th Ave
CITY-ST-ZIP Citria, FL 32113 ☐ DELETE

TITLE D
NAME David marrella
STREET ADDRESS 3573 NE 5th Terr.
CITY-ST-ZIP Ocala, FL 34479 ☐ DELETE

TITLE D
NAME William Ellis
STREET ADDRESS 3251 NE 29 Court
CITY-ST-ZIP Ocala, FL 34479 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 817, 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

4-26-99 352-840-8255
Date Daytime Phone #

CR2E037 (11/98)