

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
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90010 019 ****61.25

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1. Corporation Name

STEPHEN BRAGGS YOUTH FOUNDATION, INC.

Principal Place of Business

8047 GOLDEN GLEN CT
ORLANDO FL 32819

Mailing Address

8047 GOLDEN GLEN CT
ORLANDO FL 32819



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3570229

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRAGGS, ROSLYN
8047 GOLDEN GLEN CT
ORLANDO FL 32819

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 PD ☐ DELETE
NAME CHANDLER, WES
STREET ADDRESS 8047 GOLDEN GLEN CT
CITY-ST-ZIP ORLANDO FL 32819

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Stephen Braggs
1.3 STREET ADDRESS 8047 Golden Glen Ct
1.4 CITY-ST-ZIP Orlando FL 32819

TITLE VD ☐ DELETE
NAME BAGSHAW, RAY
STREET ADDRESS 8047 GOLDEN GLEN CT
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE SD ☐ DELETE
NAME HEREDIA, CHERRY
STREET ADDRESS 8047 GOLDEN GLEN CT
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE TD ☐ DELETE
NAME MURRAY, VALARIE
STREET ADDRESS 8047 GOLDEN GLEN CT
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE D ☐ DELETE
NAME BRAGGS, ROSLYN
STREET ADDRESS 8047 GOLDEN GLEN CT
CITY-ST-ZIP ORLANDO FL 32819

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

TITLE D ☐ DELETE
NAME HAWTHORNE, PENNY
STREET ADDRESS 8047 GOLDEN GLEN CT
CITY-ST-ZIP ORLANDO FL 32819

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:

Stephen Braggs REGISTERED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(President)
6/20/99 (888)
815-4057

CR2E037 (1/98)