FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **719003** **(6)**

1. Corporation Name

BOYS & GIRLS CLUBS OF ESCAMBIA COUNTY, INC.

Principal Place of Business	Mailing Address
2751 NORTH "H" STREET PENSACOLA FL 32591	PO BOX 13 PENSACOLA FL 32591

3. Date Incorporated or Qualified: **02/18/1970**

3a. Date of Last Report: **02/20/1995**

4. FEI Number: **59-1390241** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2751 N. 'H' ST.	26 P.O. BOX 13
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27
City & State 23 PENSACOLA, FL.	City & State 28 PENSACOLA, FL.
Zip 24 32501 / Country 25 ESCAMBIA	Zip 29 32591 / Country 30 ESCAMBIA

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JULIAN, JOHN J.
2751 NORTH "H" ST.
PENSACOLA FL 32591

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PPD	☒ DELETE	11 TITLE	P/D	☒ Change ☐ Addition
NAME	HOLM, JOHN		12 NAME	JONES, FRANK	
STREET ADDRESS	7309 MOBILE HWY		13 STREET ADDRESS	1218 RAMBLEWOOD	
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP	GULF BREEZE, FL. 32561	
TITLE	PD	☒ DELETE	21 TITLE	V/D	☒ Change ☐ Addition
NAME	BECKNELL, CATHY		22 NAME	TRIMBLE, ALFRED	
STREET ADDRESS	1003 SPACE CIRCLE		23 STREET ADDRESS	4112 CROYDAN RD.	
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP	PENSACOLA, FL. 32514	
TITLE	VPD	☒ DELETE	31 TITLE	V/D	☒ Change ☐ Addition
NAME	JONES, FRANK		32 NAME	FREEMAN, WILLIAM	
STREET ADDRESS	1218 RAMBLEWOOD		33 STREET ADDRESS	3400 W. MAXWELL	
CITY-ST-ZIP	GULF BREEZE FL		34 CITY-ST-ZIP	PENSACOLA, FL. 32501	
TITLE	SD	☒ DELETE	41 TITLE	T/D	☒ Change ☐ Addition
NAME	WESLEY, MARY		42 NAME	WESLEY, MARY	
STREET ADDRESS	2000 E MAXWELL		43 STREET ADDRESS	2000 E. MAXWELL	
CITY-ST-ZIP	PENSACOLA FL		44 CITY-ST-ZIP	PENSACOLA, FL. 32503	
TITLE	TD	☒ DELETE	51 TITLE	S/D	☒ Change ☐ Addition
NAME	TRIMBLE, ALFRED		52 NAME	JACKSON, SARAH	
STREET ADDRESS	4112 CROYDON ROAD		53 STREET ADDRESS	5765 LEESWAY BLVD.	
CITY-ST-ZIP	PENSACOLA FL		54 CITY-ST-ZIP	PENSACOLA, FL. 32504	
TITLE	VP	☒ DELETE	61 TITLE	P/P/D	☒ Change ☐ Addition
NAME	ROGERS, GEORGE		62 NAME	BECKNELL, CATHY	
STREET ADDRESS	1304 INDA AVE.		63 STREET ADDRESS	1003 SPACE BLVD.	
CITY-ST-ZIP	PENSACOLA FL		64 CITY-ST-ZIP	PENSACOLA, FL. 32504	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ FRANK JONES 1/30/96 (904) 932-7259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #