

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
**2751 NORTH 'H' STREET
PENSACOLA FL 32591**

Mailing Address
**PO BOX 13
PENSACOLA FL 32591**

2. Principal Place of Business 21 2751 N. 'H' ST.		2a. Mailing Address 26 P.O. BOX 13		3. Date Incorporated or Qualified 02/18/1970		3a. Date of Last Report 02/20/1995	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1390241		Applied For Not Applicable	
City & State 23 PENSACOLA, FL.		City & State 28 PENSACOLA, FL.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 32501	Country 25 ESCAMBIA	Zip 29 32591	Country 30 ESCAMBIA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
	PPD	HOLM, JOHN	7309 MOBILE HWY PENSACOLA FL		P/D	JONES, FRANK	1218 RAMBLEWOOD GULF BREEZE, FL. 32561
	PD	BECKNELL, CATHY	1003 SPACE CIRCLE PENSACOLA FL		V/D	TRIMBLE, ALFRED	4112 CROYDAN RD. PENSACOLA, FL. 32514
	VPO	JONES, FRANK	1218 RAMBLEWOOD GULF BREEZE FL		V/D	FREEMAN, WILLIAM	3400 W. MAXWELL PENSACOLA, FL. 32501
	SD	WESLEY, MARY	2000 E MAXWELL PENSACOLA FL		T/D	WESLEY, MARY	2000 E. MAXWELL PENSACOLA, FL. 32503
	TD	TRIMBLE, ALFRED	4112 CROYDON ROAD PENSACOLA FL		S/D	JACKSON, SARAH	5765 LEESWAY BLVD. PENSACOLA, FL. 32504
	VP	ROGERS, GEORGE	1304 INDA AVE. PENSACOLA FL		P/P/D	BECKNELL, CATHY	1003 SPACE BLVD. PENSACOLA, FL. 32504

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 **FRANK JONES** 1/30/96 **(904) 932-7259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)