

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **719003** (6)  
1. Corporation Name  
**BOYS & GIRLS CLUBS OF ESCAMBIA COUNTY, INC.**

Principal Place of Business <b>2751 NORTH "H" STREET PENSACOLA FL 32591</b>	Mailing Address <b>PO BOX 13 PENSACOLA FL 32591</b>
--	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/18/1970</b>	
21		26		4. FEI Number <b>59-1390241</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip		Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JULIAN, JOHN J. 2751 NORTH "H" ST. PENSACOLA FL 32591</b>				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 John J. Julian John J. Julian 1-13-98  
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	PPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, FRANK			1.2 NAME	ALFRED TRIMBLE		
STREET ADDRESS	1218 RAMBLEWOOD DR			1.3 STREET ADDRESS	4112 CROYDAN RD.		
CITY-ST-ZIP	GULF BREEZE FL			1.4 CITY-ST-ZIP	PENSACOLA, FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRIMBLE, ALFRED			2.2 NAME	W.M. FREEMAN		
STREET ADDRESS	4112 CROYDAN RD			2.3 STREET ADDRESS	3400 W. MAXWELL		
CITY-ST-ZIP	PENSACOLA FL			2.4 CITY-ST-ZIP	PENSACOLA, FL 32514	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREEMAN, WILLIAM			3.2 NAME	THOS W. ANDERSON		
STREET ADDRESS	3400 W MAXWELL ST			3.3 STREET ADDRESS	5514 N. DAVIS HWY., SUITE 101		
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP	PENSACOLA, FL 32503	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESLEY, MARY			4.2 NAME	ALVIN WINGATE		
STREET ADDRESS	2000 E MAXWELL ST			4.3 STREET ADDRESS	10901 GULF BEACH HWY		
CITY-ST-ZIP	PENSACOLA FL			4.4 CITY-ST-ZIP	PENSACOLA, FL 32507	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, THOMAS W JR			5.2 NAME	ROOSEVELT ELLISON		
STREET ADDRESS	5514 N DAVIS HIGHWAY, SUITE 101			5.3 STREET ADDRESS	826 W. YONGE ST.		
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP	PENSACOLA, FL 32501	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD	<input type="checkbox"/> DELETE		6.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, SARAH			6.2 NAME	SARAH JACKSON		
STREET ADDRESS	5765 LEESWAY BLVD			6.3 STREET ADDRESS	5765 LEESWAY BLVD.		
CITY-ST-ZIP	PENSACOLA FL			6.4 CITY-ST-ZIP	PENSACOLA, FL 32504	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: John J. Julian John J. Julian 1-14-98 (850) 438-0996

CR2E037 (10/97)