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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38458** (8)

1. Corporation Name

PENSACOLA FAMILY CARE FOR YOUTH, INC.

Principal Place of Business

**422 N. BAYLEN ST.
PENSACOLA FL 32501
US**

Mailing Address

**KIEVIT, KELLY & ODOM
RAY KIEVIT & KELLY
15 WEST MAIN STREET
PENSACOLA FL 32501**



3. Date Incorporated or Qualified

06/04/1990

4. FEI Number

59-3015715

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

32501

30

FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAY KIEVIT & KELLY KIEVIT, KELLY & ODOM
15 WEST MAIN ST
PENSACOLA FL 32501**

81 Name

KIEVIT, KELLY & ODOM

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 ☐ DELETE

NAME **CD FRAZER, GAEL**
STREET ADDRESS **5001 GRANDE DR #1522**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ DELETE

NAME **D BRAUN, RALPH**
STREET ADDRESS **6896 CEDAR RIDGE CIRCLE**
CITY-ST-ZIP **MILTON FL**

TITLE ☐ DELETE

NAME **TD SCOTT, LINDA L.**
STREET ADDRESS **9005 EL MATADOR PLACE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ DELETE

NAME **D PEAGLER, MAMIE**
STREET ADDRESS **2945 RHYTHM DR.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **D WHITMAN-TIMS, IWANA**
STREET ADDRESS **3180 HYDE PARK PLACE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **4336 GRANDEPOINT PLACE**
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

Catherine Lewis
SIGNATURE AND DATE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/98

850 432 2273

Date

Daytime Phone #

CR2E037 (10/97)