


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90105 015 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 719003</b>					
1. Corporation Name <b>BOYS &amp; GIRLS CLUBS OF ESCAMBIA COUNTY, INC.</b>					
Principal Place of Business 2751 NORTH "H" STREET PENSACOLA FL 32591			Mailing Address PO BOX 13 PENSACOLA FL 32591		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1970	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1390241	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JULIAN, JOHN J. 2751 NORTH "H" ST. PENSACOLA FL 32591				81 Name Hattie Grace-McCorvey			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	PPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRIMBLE, ALFRED			1.2 NAME	Freeman, William		
STREET ADDRESS	4112 CROYDAN RD			1.3 STREET ADDRESS	3400 West Maxwell Street		
CITY-ST-ZIP	PENSACOLA FL 32514			1.4 CITY-ST-ZIP	Pensacola, FL 32501		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREEMAN, W M			2.2 NAME	Wingage, Alvin		
STREET ADDRESS	3400 W MAXWELL			2.3 STREET ADDRESS	10901 Gulf Beach Hwy.		
CITY-ST-ZIP	PENSACOLA FL 32514			2.4 CITY-ST-ZIP	Pensacola, FL 32507		
TITLE	VP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREEMAN, WILLIAM			3.2 NAME	Anderson, Thomas W. Jr.		
STREET ADDRESS	3400 W MAXWELL ST			3.3 STREET ADDRESS	5514 North Davis Hwy. #101		32503
CITY-ST-ZIP	PENSACOLA FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINGATE, ALVIN			4.2 NAME	McLamb, Billy		
STREET ADDRESS	1091 GULF BCH HWY			4.3 STREET ADDRESS	3800 D-Ward Blvd.		32505
CITY-ST-ZIP	PENSACOLA FL 32507			4.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANDERSON, THOMAS W JR			5.2 NAME	Ellison, Roosevelt		
STREET ADDRESS	5514 N DAVIS HIGHWAY, SUITE 101			5.3 STREET ADDRESS	1826 West Yonge Street		32501
CITY-ST-ZIP	PENSACOLA FL			5.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, SARAH			6.2 NAME	Kyser, Michelle		
STREET ADDRESS	5765 LEESWAY BLVD			6.3 STREET ADDRESS	5600 Hilltop Road		32504
CITY-ST-ZIP	PENSACOLA FL			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)