FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **701238** **(8)**

1. Corporation Name

BOYS AND GIRLS CLUBS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
801 NORTH MAGNOLIA AVENUE P.O. BOX 2987 ORLANDO FL 32802	801 NORTH MAGNOLIA AVENUE P.O. BOX 2987 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/25/1960
3a. Date of Last Report: 01/13/1994
4. FEI Number: 59-0951887 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 County	29	Zip / 30 County

9. Name and Address of Current Registered Agent

SIGLER, GEORGE T
801 NO MAGNOLIA AVE
STE 305
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: Gary W. Cain
82 Street Address (P.O. Box Number is Not Acceptable): 801 N. Magnolia Ave.
83: #305
84 City: Orlando **FL** 85 Zip Code: 32803

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gary W. Cain — Gary W. Cain, President — 2/20/95
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	CD / Director	11 TITLE	Chairman/Board Director ☒ Change ☐ Addition
NAME	TARR, ROBERT D.	12 NAME	Brumback, Wesley W.
STREET ADDRESS	123 WAGON WHEEL WAY	13 STREET ADDRESS	726 Glen Eagle Dr.
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	VD / Director	21 TITLE	Treasurer/Board Director ☒ Change ☐ Addition
NAME	CANIN, MYRNA F	22 NAME	
STREET ADDRESS	500 DELANEY AVE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE	D / Director	31 TITLE	Secretary/Board Director ☒ Change ☐ Addition
NAME	WOLF, KAY	32 NAME	McDowell, Brian
STREET ADDRESS	2703 EVELYN DR	33 STREET ADDRESS	1021 Almond Tree Cir.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP	Orlando, FL 32811
TITLE	TD / Director	41 TITLE	Vice Chair/Board Director ☒ Change ☐ Addition
NAME	KAPLAN, HARRY P.	42 NAME	Calcutt, Robert
STREET ADDRESS	3601 EXETER CT.	43 STREET ADDRESS	300 E. Greentree Lane, Lake Mary, FL
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	
TITLE	E	51 TITLE	President/CPO ☒ Change ☐ Addition
NAME	SIGLER, GEORGE T	52 NAME	Cain, Gary W.
STREET ADDRESS	204 COSMOS DR	53 STREET ADDRESS	801 N. Magnolia Blvd.
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Orlando, FL 32803
TITLE	D	61 TITLE	Vice Chair/Board Director ☐ Change ☒ Addition
NAME	HIGHTOWER, CLEVE	62 NAME	Barksdale, Arthur S.
STREET ADDRESS	19 N. ROSEARDEN DRIVE	63 STREET ADDRESS	2029 Forest Club Dr./Orlando, FL 32804
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	

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)(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 added by attachment with an address.

SIGNATURE: Gary W. Cain — Gary W. Cain, President — 2/20/95 — (407)841-6855
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #

0021981