

FILE NOW: FILING FEE IS \$61.25

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Mar 17 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 # **701238** (8)
1. Corporation Name
BOYS AND GIRLS CLUBS OF CENTRAL FLORIDA, INC.



Principal Place of Business 801 NORTH MAGNOLIA AVENUE P.O. BOX 2987 ORLANDO FL 32803		Mailing Address 801 NORTH MAGNOLIA AVENUE P.O. BOX 2987 ORLANDO FL 32803		3. Date Incorporated or Qualified 07/25/1960	
2. Principal Place of Business 21 801 N. MAGNOLIA AVENUE Suite, Apt. #, etc. 22 SUITE 305 City & State 23 ORLANDO, FLORIDA Zip 24 32803		2a. Mailing Address 26 P.O. BOX 2987 Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FLORIDA Zip 29 32802		4. FEI Number 59-0951887 Applied For <input type="checkbox"/> Not Applicable	
				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	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CAIN, GARY W. 801 NORTH MAGNOLIA AVE. #305 ORLANDO FL 32803			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 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 NAME STREET ADDRESS CITY-ST-ZIP	D LONG, DOUGLAS F 12540 PARK AVE WINDERMERE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANIN, MYRNA F 500 DELANEY AVE ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOWELL, BRIAN 1021 ALMOND TREE CIR ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCBD CALCUTT, ROBERT 300 E. GREENTREE LANE LAKE MARY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAIN, GARY W 801 N. MAGNOLIA BLVD. ORLANDO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, MATTHEW R 343 LEXINGDALE DRIVE ORLANDO FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VCBD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34786
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 404 32801
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S JACQUELINE BRADLEY 5336 ISLEWORTH COUNTRY CLUB LANE WINDERMERE, FL 34786
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C 32746
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AVENUE, SUITE 305 32803
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32828

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:  **GARY W. CAIN** 2/20/98 407-841-6855

CR2E037 (1097)