FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 704327 (6)

1. Corporation Name

BOYS' AND GIRLS' CLUBS OF NORTHEAST FLORIDA, INC

Principal Place of Business	Mailing Address
8130 BAYMEADOWS WAY WEST SUITE 304 JACKSONVILLE FL 32256 US	8130 BAYMEADOWS WAY WEST SUITE 304 JACKSONVILLE FL 32256 US

3. Date Incorporated or Qualified: 07/25/1962
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 1300 Riverplace Blvd.	26 1300 Riverplace Blvd.
Suite, Apt. #, etc. 22 Suite 710	Suite, Apt. #, etc. 27 Suite 710
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip / Country 24 32207 / 25 USA	Zip / Country 29 32207 / 30 USA

4. FEI Number: 59-6167630 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DECRAY, NANCY
8130 BAYMEADOWS WAY WEST
STE. 304
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: Peter D. Fleischmann
82 Street Address (P.O. Box Number is Not Acceptable): 1300 Riverplace Blvd., Suite 710
83
84 City: Jacksonville **FL** 85 Zip Code: 32207

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: PETER D. FLEISCHMANN, EXECUTIVE DIRECTOR 4/26/96
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	PD	☐ DELETE	1.1 TITLE	Executive Director ☒ Change ☐ Addition
NAME	SMITH, MARC		1.2 NAME	Peter D. Fleischmann
STREET ADDRESS	9143 PHILLIPS HWY., STE. 390		1.3 STREET ADDRESS	1300 Riverplac e Blvd., Suite 710
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	HILL, JOHN S.		2.2 NAME	David Baker
STREET ADDRESS	8206 CUTTER PLACE		2.3 STREET ADDRESS	1500 East 8th Street
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32206
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANSKOUSKY, ROBERT		3.2 NAME	
STREET ADDRESS	50 LAURA ST., 24TH FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUGUID, WILLIAM		4.2 NAME	
STREET ADDRESS	2900 HARTLEY ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	BRUNSON, LAURA JO		5.2 NAME	Dan Dablow
STREET ADDRESS	9432 BAYMEADOWS ROAD		5.3 STREET ADDRESS	835 Museum Circle
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	WARD, CHARLIE		6.2 NAME	Lamar Wheeler
STREET ADDRESS	6900 SOUTH POINT DR.		6.3 STREET ADDRESS	9428 Baymeadows Road, Suite 230
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	Jacksonville, FL 32256

100001854701
-06/07/96-01006-021
***61.25

CR2E037 (12/95)

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)(k), 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 in an attachment with an address.

SIGNATURE: PETER D. FLEISCHMANN 4/24/96 (904) 396-4435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #