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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **727176** (0)

1. Corporation Name

SAN ANTONIO BOYS VILLAGE, INC.

Principal Place of Business

Mailing Address

**BOYS VILLAGE DRIVE
P. O. BOX 505
SAN ANTONIO FL 33576**

**BOYS VILLAGE DRIVE
P. O. BOX 505
SAN ANTONIO FL 33576-0505**



3. Date Incorporated or Qualified

08/15/1973

3a. Date of Last Report

01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEAUMONT, ROBERT "BOB"
NORTH CURLEY STREET
SAN ANTONIO FL 33576**

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **MCNALLY, ED**
STREET ADDRESS **602 E. MERIDIAN AVENUE**
CITY-ST-ZIP **DADE CITY FL**

1.1 TITLE **V/D** ☐ Change ☒ Addition
1.2 NAME **CLARK, TOM**
1.3 STREET ADDRESS **12601 TIMBER RUN**
1.4 CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE **D** ☒ DELETE
NAME **MCCREARY, LYLE**
STREET ADDRESS **100 SADDLEBROOK WAY**
CITY-ST-ZIP **WESLEY CHAPEL FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **BRONER, WILLIE**
2.3 STREET ADDRESS **36850 STATE ROAD 52**
2.4 CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE **CD** ☐ DELETE
NAME **SCHRADER, TOM**
STREET ADDRESS **1042 N. CURLEY ST.**
CITY-ST-ZIP **SAN ANTONIO FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **SCHRADER, TOM**
3.3 STREET ADDRESS **1042 N. CURLEY ST.**
3.4 CITY-ST-ZIP **SAN ANTONIO, FL 33576**

TITLE **D** ☐ DELETE
NAME **ASH, DIAN**
STREET ADDRESS **323 E. LAKE DRIVE**
CITY-ST-ZIP **LAND O'LAKES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **POWERS, ALLAN**
STREET ADDRESS **622 CURLEY ST.**
CITY-ST-ZIP **SAN ANTONIO FL**

5.1 TITLE **T/S/D** ☒ Change ☐ Addition
5.2 NAME **POWERS, ALLAN**
5.3 STREET ADDRESS **622 CURLEY ST.**
5.4 CITY-ST-ZIP **SAN ANTONIO, FL 33576**

TITLE **D** ☐ DELETE
NAME **SUSTMAN, FRED**
STREET ADDRESS **5112 BEACON RD**
CITY-ST-ZIP **PALMETTO FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Alan Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-97

(352) 588 3786

Date

Daytime Phone # 0046561

CR2E037 (9/96)