# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

2-17-95 B-1328-XC

CORPORATION ANNUAL REPORT

1995

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

XC
LG

APPROVED AND FILED

95 MAR 27 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729283 (2)

1. Corporation Name

YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PEN SACOLA, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 400 NORTH PALAFOX STREET<br>PENSACOLA FL 32501 | 400 NORTH PALAFOX STREET<br>PENSACOLA FL 32501 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0624465 — 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

VOGELSANG, LARRY
C/O 410 NORTH PALAFOX ST.
PENSACOLA FL 32501

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CO | 11 TITLE | CO ☒ Change ☐ Addition |
| NAME | ORR, BEENETT D | 12 NAME | NICKELSEN, ERIC |
| STREET ADDRESS | 3692 MACKEY CV DR. | 13 STREET ADDRESS | P.O. BOX 1922 (101 West Garden St 32501) NK |
| CITY-ST-ZIP | PENSACOLA FL | 14 CITY-ST-ZIP | PENSACOLA, FL 32595 |
| TITLE | S | 21 TITLE | S/D ☒ Change ☐ Addition |
| NAME | HART, JODY D | 22 NAME | SMART, STEVE |
| STREET ADDRESS | 4675 FRANCISCO DR. | 23 STREET ADDRESS | 316 S. BAYLEN ST., SUITE 590 |
| CITY-ST-ZIP | PENSACOLA FL | 24 CITY-ST-ZIP | PENSACOLA, FL 32501 |
| TITLE | T | 31 TITLE | T/D ☒ Change ☐ Addition |
| NAME | BENNETT, GIL D | 32 NAME | HARRISON, JOHN |
| STREET ADDRESS | 8185 STRASBURG RD. | 33 STREET ADDRESS | P.O. BOX 12790 (70 N. Baylen St. 32501) NK |
| CITY-ST-ZIP | PENSACOLA FL | 34 CITY-ST-ZIP | PENSACOLA, FL 32575 |
| TITLE | P | 41 TITLE | P ☐ Change ☐ Addition |
| NAME | VOGELSANG, LARRY | 42 NAME | VOGELSANG, LARRY |
| STREET ADDRESS | C/O 410 NORTH PALAFOX ST. | 43 STREET ADDRESS | 410 NORTH PALAFOX ST. |
| CITY-ST-ZIP | PENSACOLA FL | 44 CITY-ST-ZIP | PENSACOLA, FL 32501 |
| TITLE | | 51 TITLE | D ☐ Change ☒ Addition |
| NAME | | 52 NAME | REMKE, ANDY |
| STREET ADDRESS | | 53 STREET ADDRESS | P.O. BOX 17500 (1000 W. Moreno St 32501) N/H |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | PENSACOLA, FL 32522-7500 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | $ DEPOSITED BY BANK |
| CITY-ST-ZIP | | 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 on an attachment with an address.

SIGNATURE: Larry Vogelsang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/95
Date

(904) 432-3327
Daytime Phone #

# 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

DOCUMENT # 730261 (5)

1. Corporation Name

WOMEN IN DISTRESS OF BROWARD COUNTY, INC.

TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 305 S ANDREWS AVE STE 301<br>P.O.BOX 676<br>FT. LAUDERDALE FLORIDA 33302-0676 | 305 S ANDREWS AVE STE 301<br>P.O.BOX 676<br>FT. LAUDERDALE FLORIDA 33302-0676 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1974
3a. Date of Last Report: 02/17/1994
4. FEI Number: 59-1592524 ☐ 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 S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

FLYNN, BONNIE, M
~~1160 N UNIVERSITY DR~~ P.O Box 676
~~305 S~~ ANDREWS AVE., SUITE 301
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Bonnie M. Flynn
82 Street Address (P.O. Box Number is Not Acceptable): 1153 South Andrews Avenue
83
84 City: Fort Lauderdale, FL 85 Zip Code: 33316

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | GREENE, EDEE | 12 NAME | |
| STREET ADDRESS | 860 ALLAMANDA COURT | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 14 CITY-ST-ZIP | |
| TITLE | PCD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | FLYNN, BONNIE, M — P.O. Box 676 N/A | 22 NAME | |
| STREET ADDRESS | 305 S. ANDREWS AVE, SUITE 301 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33302 | 24 CITY-ST-ZIP | 500001441475 |
| TITLE | VCD | 31 TITLE | -03/28/95--01013-001 ☐ Addition |
| NAME | VOGEL, DEBRA J. | 32 NAME | *****70.00 *****70.00 |
| STREET ADDRESS | 502 E. LAS OLAS BOULEVARD | 33 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 34 CITY-ST-ZIP | |
| TITLE | VCD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | FRANCK, ELAINE W. | 42 NAME | |
| STREET ADDRESS | 777 AMERICAN EXPRESSWAY | 43 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL | 44 CITY-ST-ZIP | |
| TITLE | SD | 51 TITLE | ☐ Change ☐ Addition |
| NAME | STULL, MARILIN | 52 NAME | |
| STREET ADDRESS | 32 PELICAN ISLE | 53 STREET ADDRESS | 3/27/95 MH |
| CITY-ST-ZIP | FT LAUDERDALE FL | 54 CITY-ST-ZIP | |
| TITLE | TD | 61 TITLE | ☐ Change ☐ Addition |
| NAME | BUDD, MARK THOMAS | 62 NAME | |
| STREET ADDRESS | 1117 E. LAS OLAS BOULEVARD | 63 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE 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 on an attachment with an address.

SIGNATURE: Bonnie M. Flynn — 01/24/95 — (305) 760-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D95A407