2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009658

Entity Name: GIRLS AND BOYS TOWN OF NORTH FLORIDA, INC.

FILED Sep 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3651 HARTSFIELD ROAD TALLAHASSEE, FL 32303 **Current Mailing Address: New Mailing Address:** 3651 HARTSFIELD ROAD TALLAHASSEE, FL 32303 FEI Number: 47-0376606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition BETTINGER, JIM Name: Name: Address: Address: 1701 HERMITAGE BLVD, STUE #202 City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32308 US Title: Title: () Change (X) Addition () Delete PATRICK, PAULINE Name: Name: Address: Address: 3651 HARTSFIELD ROAD City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 US Title: () Delete Title: () Change (X) Addition Name: JORDAN, SUE Name: 251 SEAWOLF COURT Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32312 US Title: () Delete Title: () Change (X) Addition Name: Name: KEY, SHARON L 3651 HARTSFIELD ROAD Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32303 US Title: () Delete Title: () Change (X) Addition RAMOS, BRIAN Name: Name: 304 W. COLLEGE AVENUE Address: Address: City-St-Zip: City-St-Zip: TALLAHASSEE, FL 32301 US Title: () Delete Title: () Change (X) Addition WHITLEY, MARK Name: Name: Address: Address: 7207 OX BOW CIRCLE TALLAHASSEE, FL 32312 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SHARON L. KEY Τ 09/29/2004

City-St-Zip:

DIRECTOR JUNE STRAUSS 2017 DOGWOOD HILL TALLAHASSEE, FL 32308

DIRECTOR TED STRAUSS 3050 W. THARPE STREET TALLAHASSEE, FL 32308

DIRECTOR JEFF STAUFFER 1400 OVEN PARK DRIVE TALLAHASSEE, FL 32308

DIRECTOR PENTISS MITCHELL 428 MEADOW RIDGE DRIVE TALLAHASSEE, FL 32312

DIRECTOR SHA MADDOX 127 MEADOWS WOODS COURT TALLAHASSEE, FL 32308

DIRECTOR AL BASFORD 3612 LONGFORD DRIVE TALLAHASSEE, FL 32309