2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

BOCUMENT # N04000002115

ALL FOR ONE AND ONE FOR ALL BOYS AND GIRLS CLUB, INC.



FILED Apr 24, 2007 08:00 AM Secretary of State

Principal Place of Business

12234 PLUMBRIDGE LANE JACKSONVILLE, FL 32218

Mailing Address

P.O. BOX 77015

JACKSONVILLE, FL 32226



| DO | NOT | WRITE | IN | THIS | SPACE |
|----|-----|-------|----|-------------|--------------|
|----|-----|-------|----|-------------|--------------|

6. Name and Address of Current Registered Agent

04222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 73-1696956 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WOODBURY, JOHNNIE J 12234 PLUMBRIDGE LANE JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | |
|---|--|--|-------|--------------------------------|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| Signature, system or purison review or registering againt and title in applicative. (NOTE: neglitiers of Agent Experience required When remaining) | | | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Financi Trust Fund Contribution. | ing 🗆 | \$5.00 May Be Added to Fees | | | | | |
| 10. | OFFICERS AND DIRECTORS | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WOODBURY, JOHNNIE J 12234 PLUMBRIDGE LANE JACKSONVILLE, FL 32218 | | | | | | | | |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP | DVP HACKLEY, CHARLES 8030 OLD KINGS #41 JACKSONVILLE, FL 32217 | | | | 000000728505 05/07/07-80020-001 70.00 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WOODBURY, ZANDRA 12234 PLUMBRIDGE LANE JACKSONVILLE, FL 32218 | | | DO | NOT WRITE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | |