

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 # **N24772** (8)

1. Corporation Name

ANNA JONES/YMCA FOUNDATION, INC.



Principal Place of Business

Mailing Address

33920 U.S. 19 N.
SUITE 200
PALM HARBOR FL 34684
US

33920 U.S. 19 N.
SUITE 200
PALM HARBOR FL 34684
US

3. Date Incorporated or Qualified 02/10/1988	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2881229	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 33920 U.S. Hwy. 19 N.	2a. Mailing Address 26 33920 U.S. Hwy. 19 No.
Suite, Apt. #, etc 22 Suite 269	Suite, Apt. #, etc 27 Suite 269
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DICKINSON, ROBERT C. III 33920 U.S. 19 NORTH SUITE 200 269 PALM HARBOR FL 34684				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)	33920 U.S. Hwy. 19 North		
				83	Suite 269		
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARVER, STEVE	1 2 NAME	
STREET ADDRESS	1005 S. HIGHLAND AVENUE	1 3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKINSON, ROBERT C. III	2 2 NAME	
STREET ADDRESS	1715 GOLF VIEW DRIVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	2 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, JEANNE M	3 2 NAME	
STREET ADDRESS	2788 HILLSDALE AVE	3 3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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)(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 or is changed, or on an attachment with an address.

SIGNATURE: [Signature] Director/Trustee 1/30/96 813-789-1981
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)