

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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 US HWY 19 NORTH  
269  
PALM HARBOR FL 34684  
US

33920 US HWY. 19 NORTH  
269  
PALM HARBOR FL 34684  
US

2. Principal Place of Business

21 31640 U.S. 19 N

2a. Mailing Address

26 31640 U.S. 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 4

27 Suite 4

City & State

City & State

23 Palm Harbor Fla

28 Palm Harbor Fla

Zip

Country

Zip

Country

24 34684

25 United States

29 34684

30 Pinellas

9. Name and Address of Current Registered Agent

DICKSON, ROBERT C. I  
33920 US HWY. 19 NORTH  
SUITE 269  
PALM HARBOR FL 34684

3. Date Incorporated or Qualified

02/10/1988

4. FEI Number

59-2881229

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. Is this nonprofit corporation a homeowners' association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

31640 U.S. 19 N.

83

Suite 4

84

Palm Harbor

FL

85

Zip Code

34684

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TARVER, STEVE	
STREET ADDRESS	1005 S. HIGHLAND AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKINSON, ROBERT C III	
STREET ADDRESS	1715 GOLF VIEW DRIVE	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOLT, JEANNE M	
STREET ADDRESS	2708 HILLSDALE AVE	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	*Edward T. Imparato
3.3 STREET ADDRESS	155 Bayview Dr.
3.4 CITY-ST-ZIP	Belleair, FL 33756
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/98

Date

727-789-1981

Daytime Phone #

FILED  
Sep 17 1998 8:00am  
Secretary of State



CR2E037 (5/98)