

5/10

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-10-2001 90073 050 ****70.00

DOCUMENT # N24772

1. Entity Name

ANNA JONES/YMCA FOUNDATION, INC.

Principal Place of Business

Mailing Address

31640 US 19 N
 SUITE 4
 PALM HARBOR FL 34684
 US

31640 US 19 N
 SUITE 4
 PALM HARBOR FL 34684
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2881229**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKSON, ROBERT C. I
31640 US 19 N
SUITE 4
PALM HARBOR FL 34684

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME ~~TARVER, STEVE~~
 STREET ADDRESS ~~1005 S. HIGHLAND AVENUE~~
 CITY-ST-ZIP ~~CLEARWATER FL~~

TITLE ☐ Change ☐ Addition
 NAME **Goyer, G. Scott**
 STREET ADDRESS **1201 S. Highland Ave Suite 7**
 CITY-ST-ZIP **Clearwater, FL 33756** **D**

TITLE **D** ☐ Delete
 NAME **DICKINSON, ROBERT C III**
 STREET ADDRESS **31640 US N 19 SUITE 4**
 CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **D** ☐ Change ☒ Addition
 NAME **MAHAN, V. ALLEN**
 STREET ADDRESS **819 ISLAND WAY**
 CITY-ST-ZIP **CLEARWATER, FL 33767-1826**

TITLE **D** ☒ Delete
 NAME ~~IMPARATO, EDWARD T~~
 STREET ADDRESS ~~155 BAYVIEW DR~~
 CITY-ST-ZIP ~~BELLEAIR FL 33756~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature] **Director** **4/25/01** **727-789-1981**

Date

Daytime Phone #

CR2E037 (10/00)