FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 30 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34773 (4)

1. Corporation Name

BOYS' AND GIRLS' CLUB OF PERRY/TAYLOR COUNTY, FL ORIDA, INC.

Principal Place of Business	Mailing Address
% GREGORY S. PARKER 202 E JULIA DR PERRY FL 32347 US	% GREGORY S. PARKER P O BOX 1474 PERRY FL 32347 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1989
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-2973927 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

9. Name and Address of Current Registered Agent

PARKER, GREGORY S.
411 N WASHINGTON ST
PERRY FL 32347

10. Name and Address of New Registered Agent

100001504041
-06/02/95--01007--001
*****61.25 *****61.25

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	DICKERT, GALE	1.2 NAME	Dan Simmons	
STREET ADDRESS	411 PLANTATION RD	1.3 STREET ADDRESS	Rt. 3 Box 260	
CITY-ST-ZIP	PERRY FL	1.4 CITY-ST-ZIP	Perry, Fl. 32347	
TITLE	DVP	2.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	CARTER, GRAY	2.2 NAME	Gayle Ancog	
STREET ADDRESS	2601 OAK RIDGE LANE	2.3 STREET ADDRESS	P.O. Box 1144	
CITY-ST-ZIP	PERRY FL	2.4 CITY-ST-ZIP	Perry, Fl. 32347	
TITLE	DT	3.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	LINCOLN, DON	3.2 NAME	Earle Greene	
STREET ADDRESS	123 E JEFFERSON ST	3.3 STREET ADDRESS	178 Landry Road	
CITY-ST-ZIP	PERRY FL	3.4 CITY-ST-ZIP	Perry, Fl. 32347	
TITLE	SD	4.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	GREENE, EARLE	4.2 NAME	Dominic Macaluso	
STREET ADDRESS	LANDRY RD	4.3 STREET ADDRESS	125 Lacour Lane	
CITY-ST-ZIP	PERRY FL	4.4 CITY-ST-ZIP	Perry, Fl. 32347	
TITLE	DVP	5.1 TITLE	D/S	☒ Change ☐ Addition
NAME	MACALUSO, DOMINIC	5.2 NAME	Peggy Eckel	
STREET ADDRESS	125 LACOUR LN	5.3 STREET ADDRESS	P.O. Box 717	
CITY-ST-ZIP	PERRY FL	5.4 CITY-ST-ZIP	Perry, Fl. 32347	
TITLE	DVP	6.1 TITLE	D/T	☒ Change ☐ Addition
NAME	ANCOG, GAIL	6.2 NAME	Gale Dickert	
STREET ADDRESS	605 W ASH ST	6.3 STREET ADDRESS	411 Plantation Rd.	
CITY-ST-ZIP	PERRY FL	6.4 CITY-ST-ZIP	Perry, Fl. 32347	

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)(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] 4/28/95 904-584-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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