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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34773

1. Corporation Name

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

Principal Place of Business

% GREGORY S. PARKER
202 E JULIA DR
PERRY FL 32347
US

Mailing Address

% GREGORY S. PARKER
P O BOX 1474
PERRY FL 32347
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2973927	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEME, EARLE	1.2 NAME	
STREET ADDRESS	178 LANDRY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTER, DARYLL	2.2 NAME	
STREET ADDRESS	RT 3 BOX 187	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMIG, MIKE	3.2 NAME	Demig, Mike
STREET ADDRESS	615 N JEFFERSON	3.3 STREET ADDRESS	615 N. Jefferson
CITY-ST-ZIP	PERRY FL	3.4 CITY-ST-ZIP	Perry, FL. 32347
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERSM, JEANETTE	4.2 NAME	
STREET ADDRESS	108 S BLAIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERR, DENISE	5.2 NAME	Evelyn Day
STREET ADDRESS	175 KASPER STREET	5.3 STREET ADDRESS	1809 S. Byron Butler Hwy
CITY-ST-ZIP	PERRY FL 32347	5.4 CITY-ST-ZIP	Perry, FL. 32347
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DVP Barbara Burns
STREET ADDRESS		6.3 STREET ADDRESS	582 G. Ash St.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Perry, FL. 32347

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, with all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99
Date

(504) 584-8448
Daytime Phone #

CR2E037 (11/98)