

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34773

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** BOYS' AND GIRLS' CLUB OF PERRY/TAYLOR COUNTY, FLORIDA, INC.

**Current Principal Place of Business:**

202 E JULIA DR.  
PERRY, FL 32347 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1474  
PERRY, FL 32348 US

**New Mailing Address:**

**FEI Number:** 59-2973927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HANKERSON, KAREN  
Address: 127 BULLEN ST.  
City-St-Zip: PERRY, FL 32347

Title: DVP ( ) Delete  
Name: SIMMONS, DAN  
Address: ONE BUCKEYE DR.  
City-St-Zip: PERRY, FL 32348

Title: DVP ( ) Delete  
Name: GAYLE, LEO  
Address: 314 PLANTATION RD  
City-St-Zip: PERRY, FL 32348

Title: DT ( ) Delete  
Name: CLARK, NANCY  
Address: 106 ELIZABETH LANE  
City-St-Zip: PERRY, FL 32348

Title: S ( ) Delete  
Name: MCLIN, JEROME  
Address: 701 NORTH BARBER HILL RD  
City-St-Zip: LAMONT, FL 32336

Title: DVP ( ) Delete  
Name: DAY, EVELYN  
Address: 1860 S BYRON BUTLER PKWY  
City-St-Zip: PERRY, FL 32347

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GAYLE, LEO  
Address: 314 PLANTATION ROAD  
City-St-Zip: PERRY, FL 32347

Title: DVP (X) Change ( ) Addition  
Name: DAY, EVELYN  
Address: 1809 S BYRON BUTLER PARKWAY  
City-St-Zip: PERRY, FL 32348

Title: DVP (X) Change ( ) Addition  
Name: HANKERSON, KAREN  
Address: 127 BULLEN STREET  
City-St-Zip: PERRY, FL 32348

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CPO (X) Change ( ) Addition  
Name: KIDD, KEVIN  
Address: 307 W. OAK ST  
City-St-Zip: PERRY, FL 32347

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN L. KIDD

CPO

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date