2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N34773

Entity Name: BOYS' AND GIRLS' CLUB OF NORTH CENTRAL 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:

KIDD, KEVIN L
307 W OAK ST
PERRY, FL 32347 US

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: KEVIN L. KIDD 01/08/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

Title: DVP ( ) Delete
Name: HANKERSON, KAREN
Address: 127 BULLEN STREET
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: CPO ( ) Delete
Name: KIDD, KEVIN
Address: 307 W. OAK ST
City-St-Zip: PERRY, FL 32347

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 01/08/2008
Electronic Signature of Signing Officer or Director Date