

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90638 018 ****61.25

DOCUMENT # N34773

1. Entity 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

P O BOX 1474
PERRY FL 32348
US

2. Principal Place of Business

918 N. Washington

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

Perry FL

City & State

Same

Zip

32347

Country

US-A

Zip

Same

Country

Same

4. FEI Number 59-2973927

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MCLIN, JEROME	
STREET ADDRESS	707 W. BAY STREET	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIMMONS, DAN	
STREET ADDRESS	RT. 3 BOX 260	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DICKERT, GALE	
STREET ADDRESS	411 PLANTATION RD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HIRES, RICHARD	
STREET ADDRESS	P.O. BOX 1727	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	POWERS, TERRY	
STREET ADDRESS	1349 HOUCK ROAD	
CITY-ST-ZIP	PERRY FL 32348	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CHING, JOHN	
STREET ADDRESS	304 DOGWOOD WAY	
CITY-ST-ZIP	PERRY FL 32347	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Emily Ketring	
STREET ADDRESS	403 N. Quincy St	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Gibson	
STREET ADDRESS	402 S. W. Horry	
CITY-ST-ZIP	Madison, FL 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: KEVIN R. KIDD Exec. Dir 3/13/03 (850) 584-8448

CR2E037 (10/02)