

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:12

DOCUMENT # N38458 (8)

1. Corporation Name

PENSACOLA FAMILY CARE FOR YOUTH, INC.

Principal Place of Business

Mailing Address

RAY KIEVIT & KELLY
15 WEST MAIN STREET
PENSACOLA FL 32501

RAY KIEVIT & KELLY
15 WEST MAIN STREET
PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/04/1990

03/28/1994

4. FEI Number

Applied For

Not Applicable

59-3015715

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Trust Fund Contribution

7. Nonprofit with IRS 501(c)(3)

☒

\$68.75 Supplemental

Fee Not Required

Tax Exempt Status

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 422 N. BAYLEN ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27

City & State

23 PENSACOLA, FL 32501

28

24 Zip

25 Country

29 Zip

30 Country

32501

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAY KIEVIT & KELLY
15 WEST MAIN ST
PENSACOLA FL 32501

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD
NAME FRAZER, GAE
STREET ADDRESS 5001 GRANDE DR #1522
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
WHITMAN-TIMS, IWANA
3160 HYDE PARK PLACE
PENSACOLA, FL

☐ Change ☒ Addition

TITLE SD
NAME BROWN, KATHRYN M.
STREET ADDRESS 549 EL MADOR TRAIL
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME SCOTT, LINDA L.
STREET ADDRESS 9005 EL MATADOR PLACE
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME PEAGLER, MAMIE
STREET ADDRESS 2945 RHYTHM DR.
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information furnished 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 or in an attachment with an address.

SIGNATURE: *Gael Frazer* GAE FRAZER

Signature and typed or printed name of signing officer or director

2/6/95

Date

904-476-3462

Daytime Phone #