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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N38458 (8)

1. Corporation Name

PENSACOLA FAMILY CARE FOR YOUTH, INC.



Principal Place of Business

**422 N. BAYLEN ST.
PENSACOLA FL 32501
US**

Mailing Address

**RAY KIEVIT & KELLY
15 WEST MAIN STREET
PENSACOLA FL 32501-5927**

3. Date Incorporated or Qualified
06/04/1990

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-3015715

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**RAY KIEVIT & KELLY
15 WEST MAIN ST
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

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 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

TITLE **CD** ☐ DELETE
NAME **FRAZER, GAEL**
STREET ADDRESS **5001 GRANDE DR #1522**
CITY-ST-ZIP **PENSACOLA FL**

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

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

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

TITLE **D** ☐ DELETE
NAME **WHITMAN-TIMS, IWANA**
STREET ADDRESS **3160 HYDE PARK PLACE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **BRAUN, Ralph**
1.3 STREET ADDRESS **6996 CEDAR RIDGE Circle**
1.4 CITY-ST-ZIP **MILTON, FL 32570**

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

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

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

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

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

14. I do 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.

SIGNATURE: **CELESTINE LEWIS**
EXECUTIVE DIRECTOR 4/23/97 904 432 2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072407

CR2E037 (9/96)