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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)

FILED								
Feb 12 1998 8:00am								
Secretary of State								

BOYS'	HOME ASSOCIATION, INC) .						
Principal Place	e of Business	Mailing Address				- I LANELINI DIL ATON ADVID INIVI 18010 INDI	BIBII BIBII BIBII BIBII A	HARI WIWII HAWI
2354 UNIVERSITY BLVD NORTH JACKSONVILLE FL 32211-0286 JACKSONVILLE FL 32211-0286 JACKSONVILLE FL 32211-0286					İ	Date Incorporated or Qualified 10/25/1990 Fil Number		oplied For
2. Principal Pl	ace of Business	2a. Mailing Address				59-0624369		ot Applicable Additional
21		26			5. Certificate of Status Desired		Agaitional equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
City & State	• ;	City & State				7. Is this nonprofit corporation a home		
23		28	·· -					
Zip	Country	Zip	Countr	У		8. This corporation owes or has paid to		
24	25 9. Name and Address of Curre		30			Personal Property Tax due June 30 10. Name and Address of New Regis		S No
			81	Name				
BROWN	, Robert G., Jr.		82	Ctroot	Adden	ss (P.O. Box Number is Not Acceptable)		
2354 UNIVERSITY BLVD., N			6.	Street	Addres	ss (F.O. Box Number is Not Acceptable)		
JACKSO	NVILLE FL 32211		63	•				
ì			84	City		<u> </u>	- 85 Zip	Code
							FL:	
office of re	to the provisions of Sections 617.05t egistered agent, or both, in the State	D2 and 617.1508, Florida Statute e of Florida. Such change was a	es, the abov authorized b	re-named by the corp	poratio	ration submits this statement for the purp in's board of directors. I hereby accept the	xose of changing in the appointment as	ts registered registered
agent. La	m familiar with, and accept the oblig	gations of, Section 617.0503, Flo	orida Statute	es.				
SIGNATURE	Signature, typed or printed name of registered ag	ont and little if applicable (NOTE	: Registered Ac	ent signature	e required	d when reinstating)	DATE	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TITLE				Change	Addition
NAME	BROWN, ROBERT G. JR		1.2 NAME					
STREET ADDRESS	2354 UNIVERSITY BLVD N			T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL D	DELETE	1.4 CITY-	ST-ZIP			Change	Addition
TITLE	Parker, Stephen O.	U VELCIE	2,1 TITLE		1		CIRILE	LI ADDITION
NAME STREET ADDRESS	6362 E CHRISTOPHER CREE	EK BUND	2.2 NAME	T ADDRESS	1			
CITY-ST-ZIP	JACKSONVILLE FL	IN TIOND	2.4 CITY-					
TITLE	D	DELETE	3.1 TITLE	31-20	 		Change	☐ Addition
NAME	FAULKNER, JACK S		3.2 NAME				_	
STREET ADDRESS	9474 WOODHAVEN ROAD		3.3 STREE	T ADDRESS)			
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-	ST-ZIP				
TITLE	1	DELETE	4.1 TITLE				☐ Change	Addition
NAME	JAPOUR, FRANK D		4. 2 NAME		1	•		
STREET ADDRESS	611 D'ORLEANS COURT		4,3 STREE	T ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL	[] DELETE	4.4 CITY-	ST-ZIP	 	<u></u>	Observa	Addition
TITLE		DELETE	5.1 TITLE]		Change	T YOUROU
NAME OTREET ADDRESS			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CITY-	01-EIP	 		Change	Addition
NAME		>cc.,	6.2 NAME		1			- 100/1001
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY		[
		11 11 11 11 11	U.7 UILT		<u> </u>	- 1' - 440 07(0)() F(-14-0) - 14-	105 41 141	1-6

I hereby certify that the information supplied with this filling 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:

904-743-8611