

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

APPROVED
AND
FILED

95 MAY 16 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46689 (8)

1. Corporation Name

YWCA OF JACKSONVILLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

7507 BEACH BLVD.
JACKSONVILLE FL 32216

P O BOX 16908
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1992** 3a. Date of Last Report **03/30/1994**

4. FEI Number **59-3123300** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**-WEAVER, SANDRA L
7507 BEACH BLVD.
JACKSONVILLE FL 32216**

81 Name **Patricia I. Hannan**
82 Street Address (P.O. Box Number is Not Acceptable) **7507 Beach Boulevard, Bldg. 270C**
83
84 City **Jacksonville** FL 85 Zip Code **32216**

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 *Patricia I. Hannan* **Patricia I. Hannan** **4-26-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	WINBUSH, N. WYMAN
STREET ADDRESS	815 S. MAIN BOX 2900
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PD
NAME	BOGGS, JUDY
STREET ADDRESS	3710 RICHMOND ST.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AVD
NAME	FROST, JACK
STREET ADDRESS	500 WATER ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VD
NAME	MILTON, JOHN
STREET ADDRESS	3000 INDEPENDENT SQUARE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD
NAME	HOUSTON, BERRYLIN
STREET ADDRESS	3134 WELLESLEY SQUARE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TU
NAME	WHITE, MICHAEL
STREET ADDRESS	76 SOUTH LAURA #1610
CITY-ST-ZIP	JACKSONVILLE FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boggs, Judy
2.3 STREET ADDRESS	3710 Richmond Street
2.4 CITY-ST-ZIP	Jacksonville, FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frost, Jack
3.3 STREET ADDRESS	500 Water Street
3.4 CITY-ST-ZIP	Jacksonville, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Milton, John
4.3 STREET ADDRESS	3000 Independent Square
4.4 CITY-ST-ZIP	Jacksonville, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Houston, Berrylin
5.3 STREET ADDRESS	3134 Wellesley Square
5.4 CITY-ST-ZIP	Jacksonville, FL
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	White, Michael
6.3 STREET ADDRESS	76 South Laura Street, #1610
6.4 CITY-ST-ZIP	Jacksonville, FL

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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Milton* **John Milton** **4-26-95** **(904) 354-2050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Phone #)