FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N46689

(8)

YWCA OF JACKSONVILLE FOUNDATION, INC.

Principal Place of Business

FILED May 28 1996 8:00 am Secretary of State



7507 BEACI JACKSONVI	H BLVD. ILLE FL 32216	P O BOX 16908 JACKSONVILLE FL 3;	JACKSONVILLE FL 32216								
		US				3.	3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1992 05/16/1995				
2. Principal Place of Business 2a. Mailing Address						4.	FEI Number			Applied For	
21		26 P. O. Box 1	26 P. O. Box 16908				59-3123300			Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.					0.45.1.70.1.5		\$8	75 Additional	
27						٥.	Certificate of Status Desired	X		e Required	
City & State			4 7 7 77			6.	Election Campaign Financing			.00 May Be	
23			Jacksonville, FL				Trust Fund Contribution			ded to Fees	
Zip 24	Country Zip			Country			This corporation has liability for i	ntangible ta			
[24]	25 29 32245 30 9. Name and Address of Current Registered Agent				Florida Statutes Yes No						
	9. Name and Address of Currer	nt Registered Agent		ļ.,			Name and Address of New Re	egistered .	Agent		
				81	Name	3	-				
	HANNAN, PATRICIA I					eet Address (P.O. Box Number is Not Acceptable)					
7507 BEACH BLVD., BLDG. 2700							Tox runnon is Not Acceptable	0)			
JACKSONVILLE FL 32216				83							
,											
				84				FL		Zip Code	
Pursuant	to the provisions of Sections 617.0502 agent, or both, in the State of Florid	and 617.1508, Florida Statu	tes, the abo	.LI	amed o	corporation su	bmits this statement for the pur				
or register familiar wi	red agent, or both, in the State of Floridith, and accept the obligations of, Section 1981	da. Such change was authoria ion 617 0503. Florida Statuto	zed by the	corp	oration's	s board of dire	ectors. I hereby accept the appo	intment as	register	s registered office ad agent. I am	
SIGNATURE		record of the control	٥.							_	
GIGITATIONE	Signature, typed or printed name of registered agent	and title if applicable. (Ni	Olt: Begisterer	Aneni	l signatura	required when rein	otation	DATE			
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	K) DELETE	1.1 T	ITLE		D	ELECTION OF THE ELECTION OF THE		Change		
NAME	WINBUSH, N. WYMAN		1.2 N	AME		FISHER	, MICHAEL	L	_] Change	Z Addition	
STREET ADDRESS	815 S. MAIN BOX 2900				ADDRESS		NDEPENDENT SQUAR	TP			
CITY-ST-ZIP	JACKSONVILLE FL			ITY-SI							
TITLE	D	DELETE	2.1 7		1-ZIP	JACKSU	NVILLE, FL 3220		7 0		
NAME	BOGGS, JUDY		2.2 N					L	☐ Change	Addition	
STREET ADDRESS	3710 RICHMOND ST.				4 B B B F B B						
CITY - ST - ZIP	JACKSONVILLE FL				ADDRESS	1	50000183		5 C		
TITLE	TD	DELETE		ITY-S			-05/23/96 -010	2400			
NAME	FROST, JACK	Doccur		TLE ;		1	***210.00	UE] -Change	☐ Addition	
STREET ADDRESS	500 WATER ST		3.2 N								
CITY-ST-ZIP	JACKSONVILLE FL				ADDRESS					i	
TITLE	PD PD	K]DELETE		ITY-SI	T-ZIP	TIPE					
NAME	MILTON, JOHN	₹70£££	4.1 11			VPD			Change	X Addition	
STREET ADDRESS			4. 2 N	_		NEWTON					
1	3000 INDEPENDENT SQUARE		4.3 ST	REET #	ADDRESS	51 WES	T BAY STREET, BOX	X 7219	l .		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 0)	TY-ST	-7IP	JACKSO	NVILLE, FL 3220	2			
TITLE	VPD	DELETE	5.1 T/	[LE					Change	☐ Addition	
NAME	HOUSTON, BERRYLIN		5.2 NA	ME							
STREET ADDRESS	3134 WELLESLEY SQUARE		5.3 ST	REET A	DDRESS						
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CI	IY-SI	- 2 P						
TITLE	VPD	DELETE	6.1 TiT			PD		£,	Change	Addition	
NAME	WHITE, MICHAEL		6.2 NA	ME		i – –	MTOHARI	K	_ vyu	- radición	
STREET ADDRESS	76 SOUTH LAURA #1610		1		DDRESS		MICHAEL			-	
CITY-ST-ZIP	JACKSONVILLE FL		64.00	רע ביו	ZID	1 T 1 A 17 A A 1	UNBEAM ROAD	7			
14. I do hereby	y certify that the information supplied w	ith this filing is voluntarily furn	ished and d	does	vot uns	alify for the eve	NVILLE, FL 32257	MOVES FOR A	de Ctet		

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 appears in Block 12 or Block 13 if changed, or on an attachmental annual report to execute this report as required by Chapter 617, Florida Statutes; and that my name

OFFICER OR DIRECTOR

04/26/96

(904) 727-6460

Daytime Phone #