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FILED  
May 21 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 # 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 18808  
JACKSONVILLE FL 32245-6808  
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/01/1992

3a. Date of Last Report

05/28/1996

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

HANNAN, PATRICIA I  
7507 BEACH BLVD., BLDG. 2700  
JACKSONVILLE FL 32216

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 D  
NAME FISHER, MICHAEL  
STREET ADDRESS 2800 INDEPENDENT SQUARE  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE D  
NAME BOGGS, JUDY  
STREET ADDRESS 3710 RICHMOND ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD  
NAME FROST, JACK  
STREET ADDRESS 500 WATER ST  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPD  
NAME NEWTON, TOM  
STREET ADDRESS 51 WEST BAY STREET, BOX 7219  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VPD  
NAME HOUSTON, BERRYLIN  
STREET ADDRESS 3134 WELLESLEY SQUARE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD  
NAME WHITE, MICHAEL  
STREET ADDRESS 4040 SUNBEAM ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32257

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE D  
3.2 NAME JOHN MILTON  
3.3 STREET ADDRESS 9101 OAK HAMMOCK TRAIL  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

4.1 TITLE D  
4.2 NAME WENDY HAMILTON  
4.3 STREET ADDRESS 8120 WOODGROVE RD.  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

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

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008538

CR2037 (9/96)