

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90147 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																																																																																																									
DOCUMENT # N46689 1. Corporation Name YWCA OF JACKSONVILLE FOUNDATION, INC.																																																																																																																													
Principal Place of Business 7507 BEACH BLVD. JACKSONVILLE FL 32216			Mailing Address P O BOX 16908 JACKSONVILLE FL 32245 US																																																																																																																										
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 01/01/1992 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																																																																																																																									
9. Name and Address of Current Registered Agent HANNAN, PATRICIA I 7507 BEACH BLVD., BLDG. 2700 JACKSONVILLE FL 32216			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 <i>Patricia I Hannan</i> DATE 4/25/99 (NOTE: Registered Agent signature required when resigning)																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>FISHER, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2600 INDEPENDENT SQUARE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32202</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>BOGGS, JUDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3710 RICHMOND ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>MILTON, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9707 OAK HAMMOCK TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>HAMILTON, WENDY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8120 WOODGROVE RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td>☒ DELETE</td> </tr> <tr> <td>NAME</td> <td>HOUSTON, BERRYLIN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3134 WELLESLEY SQUARE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td>☐ DELETE</td> </tr> <tr> <td>NAME</td> <td>WHITE, MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4040 SUNBEAM ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32257</td> <td></td> </tr> </table>			TITLE	D	☐ DELETE	NAME	FISHER, MICHAEL		STREET ADDRESS	2600 INDEPENDENT SQUARE		CITY-ST-ZIP	JACKSONVILLE FL 32202		TITLE	D	☐ DELETE	NAME	BOGGS, JUDY		STREET ADDRESS	3710 RICHMOND ST.		CITY-ST-ZIP	JACKSONVILLE FL		TITLE	D	☐ DELETE	NAME	MILTON, JOHN		STREET ADDRESS	9707 OAK HAMMOCK TRAIL		CITY-ST-ZIP	JACKSONVILLE FL		TITLE	D	☐ DELETE	NAME	HAMILTON, WENDY		STREET ADDRESS	8120 WOODGROVE RD		CITY-ST-ZIP	JACKSONVILLE FL		TITLE	VPD	☒ DELETE	NAME	HOUSTON, BERRYLIN		STREET ADDRESS	3134 WELLESLEY SQUARE		CITY-ST-ZIP	JACKSONVILLE FL		TITLE	PD	☐ DELETE	NAME	WHITE, MICHAEL		STREET ADDRESS	4040 SUNBEAM ROAD		CITY-ST-ZIP	JACKSONVILLE FL 32257		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td>☐ Change ☒ Addition</td> </tr> <tr> <td>5.2 NAME</td> <td>CARSWELL, NADINE</td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td>21 WEST CHURCH ST.</td> </tr> <tr> <td>5.4 CITY-ST-ZIP</td> <td>JACKSONVILLE FL 32202</td> </tr> <tr> <td>6.1 TITLE</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-ST-ZIP</td> <td></td> </tr> </table>			1.1 TITLE	☐ Change ☐ Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		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	CARSWELL, NADINE	5.3 STREET ADDRESS	21 WEST CHURCH ST.	5.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	6.1 TITLE	☐ Change ☐ Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Nadene Carswell

4/27/99

Date

Daytime Phone #

CR2E037 (11/98)