

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

DOCUMENT # N48852

(0)

1. Corporation Name

YOUTH CRISIS CENTER FOUNDATION, INC.

Principal Place of Business

7007 BEACH BLVD.
JACKSONVILLE FL 32216
US

Mailing Address

7007 BEACH BLVD.
JACKSONVILLE FL 32216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3123710

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATANIA, TOM
7007 BEACH BLVD.
JACKSONVILLE FL 32216

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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

Tom Patania, President

02/05/95

(Type name, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	PATANIA, TOM
STREET ADDRESS	7007 BEACH BLVD.
CITY - ST - ZIP	JACKSONVILLE FL 32216
TITLE	CT
NAME	INMAN, WILLIAM O III
STREET ADDRESS	2529 GULF LIFE TOWER
CITY - ST - ZIP	JACKSONVILLE FL 32207
TITLE	T
NAME	WALKER, JAMES V
STREET ADDRESS	4655 SALISBURY RD.
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	ST
NAME	LOVETT, RADFORD II
STREET ADDRESS	1010 E. ADAMS ST.
CITY - ST - ZIP	JACKSONVILLE FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	CTr	☒ Change ☐ Addition
2.2 NAME	Akra, Vincent D., Jr.	
2.3 STREET ADDRESS	3216 Hendricks Ave	
2.4 CITY - ST - ZIP	Jacksonville, FL 32207	
3.1 TITLE	TTr	☒ Change ☐ Addition
3.2 NAME	Lawless, Andrew M.	
3.3 STREET ADDRESS	11211 Beach Boulevard	
3.4 CITY - ST - ZIP	Jacksonville, FL 32246	
4.1 TITLE	STr	☒ Change ☐ Addition
4.2 NAME	Gellatly, Margaret	
4.3 STREET ADDRESS	6620 Southpoint Drive	
4.4 CITY - ST - ZIP	Jacksonville, FL 32256	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(b), Florida Statute. 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 as an attachment with an address.

SIGNATURE

Tom Patania

Tom Patania, President

02/05/95

(904) 720-0002

(Type name, typed or printed name of signing officer or director)

(Date)

(Telephone Number)