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Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48852** (0)

1. Corporation Name

YOUTH CRISIS CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**7007 BEACH BLVD.
JACKSONVILLE FL 32216
US**

**7007 BEACH BLVD.
JACKSONVILLE FL 32216-2830
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/11/1992

3a. Date of Last Report
04/29/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

**PATANIA, TOM
7007 BEACH BLVD.
JACKSONVILLE FL 32216**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **P**
PATANIA, TOM
STREET ADDRESS **7007 BEACH BLVD.**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE ☒ DELETE

NAME **CT**
CUTLER MARY V
STREET ADDRESS **7833 BAYMEADOWS WAY 6**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **TTR**
LAWLESS, ANDREW M.
STREET ADDRESS **11211 BEACH BLVD**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **STR**
GERBERT LISA M.
STREET ADDRESS **245 WATER ST.**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **CT**
JOEL, ROBERT W.
2.3 STREET ADDRESS **P.O. BOX 52898 III Riverside Ave**
2.4 CITY - ST - ZIP **JACKSONVILLE, FL. 32201-2898 32204**

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 **1ST VCT**
CHRISTENSEN, MARRY ANNE
5.3 STREET ADDRESS **501 EAST BAY STREET**
5.4 CITY - ST - ZIP **JACKSONVILLE, FL. 32202**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **STR**
SHORT, HELEN E.
6.3 STREET ADDRESS **4500 SALISBURY ROAD**
6.4 CITY - ST - ZIP **JACKSONVILLE, FL. 32247**

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:  **TOM PATANIA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97
Date

Daytime Phone #0005592

CR2E037 (9/96)