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FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
US

3. Date Incorporated or Qualified

05/11/1992

4. FEI Number

59-3123710

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☒ Addition

TITLE ☐ DELETE

NAME CT
STREET ADDRESS JOEL, ROBERT W
CITY-ST-ZIP 111 RIVERSIDE AVE
JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

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

3.1 TITLE ☐ Change ☒ Addition

TITLE ☒ DELETE

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

4.1 TITLE ☐ Change ☒ Addition

TITLE ☒ DELETE

NAME VCT
STREET ADDRESS CHRISTENSEN, MARRY ANNE
CITY-ST-ZIP 501 E BAY STREET
JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME STR
STREET ADDRESS SHORT, HELEN E
CITY-ST-ZIP 4500 SALISBURY ROAD
JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition

14. I 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

4/20/98

904-720-0002

CR2E037 (10/97)