

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90033 016 ****70.00

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DOCUMENT # N94000001220

1. Corporation Name

YOUTH AND FAMILY FOUNDATION OF FLORIDA, INC.

Principal Place of Business

2728 PABLO AVENUE
TALLAHASSEE FL 32308
US

Mailing Address

2728 PABLO AVENUE
TALLAHASSEE FL 32308
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/11/1994

4. FEI Number

59-1696847

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

NEDELKOFF, RICHARD
2728 PABLO AVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81

Name

Mary D. Richter

82

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

2728 Pablo Avenue

83

84

City

Tallahassee

FL

85 Zip Code

32308

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

Mary D. Richter

Mary D. Richter, Executive Director 4/5/99

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 DOMINIC CALABRO
STREET ADDRESS 1114 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D
NAME FREGLEY, TERRENCE
STREET ADDRESS 1801 N. MERIDIAN RD.
CITY-ST-ZIP TALLAHASSEE FL 32303

☐ DELETE

TITLE D
NAME LINNAN, NANCY
STREET ADDRESS P.O. BOX 190 N/A
CITY-ST-ZIP TALLAHASSEE FL 32302

☐ DELETE

TITLE M
NAME NEDELKOFF, RICHARD
STREET ADDRESS 2728 PABLO AVENUE
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

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

M
Mary D. Richter
2728 Pablo Ave
Tallahassee FL 32308

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 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, with all other like empowered.

SIGNATURE: Mary D. Richter, Executive Director 4/5/99 850-922-4324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)