

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000004494 (0)

1. Corporation Name

BOYS HOPE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

4300 TALLEYRAND AVE.  
JACKSONVILLE FL 322064300 TALLEYRAND AVE.  
JACKSONVILLE FL 32206-17263. Date Incorporated or Qualified  
09/13/19943a. Date of Last Report  
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
43-1691062Applied For  
Not Applicable

6. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

PISTONE, ANTHONY  
4300 TALLEYRAND AVE.  
JACKSONVILLE FL 32206

81 Name

Patricia Zoller

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

4300 Talleyrand Ave.

83

84 City

Jacksonville, Florida

FL

85 Zip Code

32206

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 *Patricia Zoller*

Patricia Zoller

January 6, 1997

(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	D	<input checked="" type="checkbox"/> DELETE
NAME	SHERIDAN, PAUL G	
STREET ADDRESS	4300 TALLEYRAND AVE.	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUIDI, DENNIS E	
STREET ADDRESS	1837 HENDRICKS AVE.	
CITY - ST - ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PISTONE, ANTHONY	
STREET ADDRESS	4300 TALLEYRAND AVE.	
CITY - ST - ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITOCHELLI, MARY	
STREET ADDRESS	2827 FOREST MILL LANE	
CITY - ST - ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANAHAN, MICHAEL J	
STREET ADDRESS	2014 EAST ADAMS ST.	
CITY - ST - ZIP	JACKSONVILLE FL 32201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Executive Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patricia Zoller	
1.3 STREET ADDRESS	4300 Talleyrand Ave.	
1.4 CITY - ST - ZIP	Jacksonville, FL 32206	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Director (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Phillip Wright	
3.3 STREET ADDRESS	P.O. 2340	
3.4 CITY - ST - ZIP	Jacksonville, FL 32203-2340	(N/A)
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Patricia Zoller* Patricia Zoller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0004784

1/14/97 798-5728

CR2E037 (9/96)