


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004494 (0)**

1. Corporation Name

**BOYS HOPE OF FLORIDA, INC.**



Principal Place of Business <b>4300 TALLEYRAND AVE. JACKSONVILLE FL 32206</b>	Mailing Address <b>4300 TALLEYRAND AVE. JACKSONVILLE FL 32206</b>
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3. Date Incorporated or Qualified <b>09/13/1994</b>
4. FEI Number <b>43-1691062</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ZOLLER, PATRICIA 4300 TALLEYRAND AVE JACKSONVILLE FL 32206</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ZOLLER, PATRICIA</b>
STREET ADDRESS	<b>4300 TALLEYRAND AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>GUIDI, DENNIS E</b>
STREET ADDRESS	<b>1837 HENDRICKS AVE.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, PHILLIP</b>
STREET ADDRESS	<b>P.O. 2340</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PITOCHELLI, MARY</b>
STREET ADDRESS	<b>2827 FOREST MILL LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>LANAHAN, MICHAEL J</b>
STREET ADDRESS	<b>2014 EAST ADAMS ST.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32201</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D/VP</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D/T</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D/P</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Mr. Michael Zambetti</b>
5.3 STREET ADDRESS	<b>8750 Phillips Highway</b>
5.4 CITY-ST-ZIP	<b>P.O. Box 23547</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Jacksonville, FL 32241</b>
6.3 STREET ADDRESS	<b>\$BANK</b>
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.

SIGNATURE: *Patricia Zoller* **2-16-98**

CR2E037 (10/97)