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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N94000004494

1. Corporation Name

BOYS HOPE OF FLORIDA, INC.

Principal Place of Business

**4300 TALLEYRAND AVE.
JACKSONVILLE FL 32206**

Mailing Address

**4300 TALLEYRAND AVE.
JACKSONVILLE FL 32206**



2. Principal Place of Business

21 9469 Eastport Rd.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 26009
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/13/1994

4. FEI Number

43-1691062

Applied For

☐ Not Applicable

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL 32226

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

**\$5.00 May Be
Added to Fees**

Zip

24 32218

Country

25 USA

Zip

29 32226

Country

30 USA

9. Name and Address of Current Registered Agent

**ZOLLER, PATRICIA
4300 TALLEYRAND AVE
JACKSONVILLE FL 32206**

10. Name and Address of New Registered Agent

81 Name

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

83 9469 Eastport Rd.

84 City

Jacksonville, FL

85 Zip Code

32218

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 **D** ☐ DELETE

NAME **ZOLLER, PATRICIA**
STREET ADDRESS **4300 TALLEYRAND AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DVP** ☐ DELETE

NAME **GUIDI, DENNIS E**
STREET ADDRESS **1837 HENDRICKS AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **DT** ☐ DELETE

NAME **WRIGHT, PHILLIP**
STREET ADDRESS **P.O. 2340 N/A**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DP** ☐ DELETE

NAME **PITOCHELLI, MARY**
STREET ADDRESS **2827 FOREST MILL LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **DT** ☐ DELETE

NAME **ZAMBETTI, MICHAEL**
STREET ADDRESS **8750 PHILLIPS HWY.**
CITY-ST-ZIP **JACKSONVILLE FL 32241**

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 **9469 Eastport Rd.**
1.4 CITY-ST-ZIP **Jacksonville, FL 32218**

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

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:

3-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)