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Jun 11 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 # N97000007228 (6)

1. Corporation Name

FLORIDA ALLIANCE OF BOYS & GIRLS CLUBS, INC.

Principal Place of Business	Mailing Address
800 NORTHPOINT PARKWAY SUITE 204 WEST PALM BEACH FL 33407-1946	800 NORTHPOINT PARKWAY SUITE 204 WEST PALM BEACH FL 33407-1946

3. Date Incorporated or Qualified: 12/31/1997

4. FEI Number: 65-0839955 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'CONNOR, MARY T
800 NORTHPOINT PARKWAY
SUITE 204
WEST PALM BEACH FL 33407-1946

10. Name and Address of New Registered Agent

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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HERRING, JOHN R		1.2 NAME	
STREET ADDRESS	13433 KINGSBURY DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PERMUY, GLENN		2.2 NAME	
STREET ADDRESS	2742 HARPER WOODS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, MARY T		3.2 NAME	
STREET ADDRESS	9828 CROSS PINE COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33467		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPILLETT, ROXANNE		4.2 NAME	
STREET ADDRESS	1280 PEACHTREE ST NW #813		4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30309		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MEHTA, ANAND		5.2 NAME	
STREET ADDRESS	8240 HIGH HAMPTON CHASE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ALPHARETTA GA 30022		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DOMINICK, KIRK		6.2 NAME	
STREET ADDRESS	2451 WEATHERSTONE CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP	CONYERS GA 30094		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: Mary T. O'Connor 4/23/98