


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90185 006 ****61.25

DOCUMENT # N97000007228					
1. Entity Name FLORIDA ALLIANCE OF BOYS & GIRLS CLUBS, INC.					
Principal Place of Business 1226 N. TAMiami TRAIL SARASOTA, FL 34236 US			Mailing Address 1226 N. TAMiami TRAIL SARASOTA, FL 34236 US		
2. Principal Place of Business 3100 FRUITVILLE RD.		3. Mailing Address P.O. Box 4068			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 65-0839955	
Zip 34237		Country SARASOTA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOWLES, TIMOTHY A 1205 MANATEE AVE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature, typed or printed name of registered agent and title if applicable.			DATE		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE ATD	NAME THACKER, LEE		TITLE TREASURER	NAME PADDY MOSES	
STREET ADDRESS 1226 N. TAMiami TRAIL	CITY-ST-ZIP SARASOTA, FL 34236		STREET ADDRESS 1307 MACDILL	CITY-ST-ZIP TAMPA, FL 33607	
TITLE VD	NAME PERMUY, GLENN		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 2742 HARPER WOODS DR	CITY-ST-ZIP MARIETTA, GA 30062		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE DT	NAME PRASAD, M.V.		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 1230 W. PEACHTREE ST. NW	CITY-ST-ZIP ATLANTA, GA 30309		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE D	NAME ORR, LORRAINE		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 1230 W. PEACHTREE ST. NW	CITY-ST-ZIP ATLANTA, GA 30309		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE DP	NAME KNOWLES, TIMOTHY A		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 1205 MANATEE AVE. W.	CITY-ST-ZIP BRADENTON, FL 34205		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE D	NAME BRADY, CHARLES		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 1230 W. PEACHTREE ST. NW	CITY-ST-ZIP ATLANTA, GA 30309		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			4-22-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		