2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: BOYS' AND GIRLS' CLUBS OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

555 W 25 ST
JACKSONVILLE, FL 32206

Current Mailing Address:

555 W. 25TH STREET
JACKSONVILLE, FL 32206 US

FEI Number: 59-6167630

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTINEZ, PAUL
555 W 25 ST
JACKSONVILLE, FL 32206 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	MARTINEZ, PAUL
Address	555 W. 25TH STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	CHAIR
Name	DIXON, WILLIAM
Address	50 A1A NORTH SUITE 112
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	BRADFORD II, DANA
Address	50 N. LAURA STREET, SUITE 2600
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	HUYGHUE, MICHAEL
Address	841 PRUDENTIAL DRIVE, SUITE 1200
City-State-Zip:	JACKSONVILLE FL 32207

Title	SECRETARY, TREASURER
Name	REYNOLDS, PETER
Address	238 PONTE VEDRA PK DR STE 201
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DIRECTOR
Name	TRITT JR., ARNOLD D
Address	707 PENINSULAR PLACE
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	FRANSKOUSKY, ROBERT
Address	301 W. BAY STREET, SUITE 1411
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MILLS, BILL
Address	4168 SOUTHPOINT PARKWAY, SUITE 200
City-State-Zip:	JACKSONVILLE FL 32216

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL MARTINEZ PRESIDENT 02/09/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STALLINGS, ELAINE
Address 8019 PEBBLE CREEK LANE EAST
City-State-Zip: PONTE VEDRA FL 32082

Title DIRECTOR
Name JONES, BRIAN
Address 4448 GLEN KERNAN PKWY E
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name ROBINSON, JUM
Address 1335 SUNSET VIEW LANE
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name WILEY, SCOTT
Address 723 DAVIS STREET
City-State-Zip: NEPTUNE BEACH FL 32266

Title DIRECTOR
Name BRADY, KEN
Address 9090 HOGAN ROAD
City-State-Zip: JACKSONVILLE FL 32216

Title DIRECTOR
Name CARON, CATERINA
Address 6628 EPPING FOREST WAY N
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name FLOWER, GARY
Address 501 W ADAMS STREET
SUITE 7113
City-State-Zip: JACKSONVILLE FL 32202

Title TITLE DIRECTOR
Name GRAY, GARY
Address 6491 POWERS AVE
City-State-Zip: JACKSONVILL FL 32217

Title DIRECTOR
Name RADLOFF, ED
Address 2051 ART MUSEUM DR
SUITE 200
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name VALENTINO, CHRISTY
Address 1730 DOGWOOD PLACE
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR
Name WILLIAMS, GARY
Address 14000 CITICARDS WAY
City-State-Zip: JACKSONVILLE FL 32258

Title DIRECTOR
Name BUSH, KEVIN
Address 4601 TOUCHTON RD E
SUITE 3400
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name DENNIS, GARRETT
Address 117 W DUVAL STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name HARRIS, BILL
Address 1411 HURON STREET
City-State-Zip: JACKSONVILLE FL 32254