2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009658

Entity Name: BOYS TOWN NORTH FLORIDA, INC.

FILED
Mar 29, 2017
Secretary of State
CC6806538714

Current Principal Place of Business:

3555 COMMONWEALTH BLVD TALLAHASSEE. FL 32303

Current Mailing Address:

3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303 US

FEI Number: 20-0655144 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, CEO
 Title
 TREASURER, CFO

 Name
 LAMPKIN, MARCUS
 Name
 ELKINS, MICHELLE

Address 3555 COMMONWEALTH BLVD Address 3555 COMMONWEALTH BLVD

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32303

Title EX-OFFICIO, DIRECTOR Title DIRECTOR

Name BOES, STEVEN Name SULLIVAN, PAUL

Address 14100 CRAWFORD STREET Address 3233 THOMASVILLE ROAD

City-State-Zip: BOYS TOWN NE 68010 City-State-Zip: TALLAHASSEE FL 32308

Title CFO, FATHER FLANAGAN'S BOYS' Title DIRECTOR

HOME

NameRASMUSSEN, JUDY F.Address1212 GREENSWARD DRIVEAddress14100 CRAWFORD STREETCity-State-Zip:TALLAHASSEE FL 32312

City-State-Zip: BOYS TOWN NE 68010

Title BOARD CHAIRMAN

Title DIRECTOR Name BALDOCK, RHONDA

Name PITTMAN, AUDRA PRICE PH.D. Address 2621 MITCHAM DRIVE Address 816 S. MARTIN LUTHER KING JR. SUITE 101

BLVD.

City-State-Zip: TALLAHASSEE FL 32301

City-State-Zip: TALLAHASSEE FL 32308

MARTIN, ANNE

Continues on page 2

Name

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: JUDY F. RASMUSSEN CFO 03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

DIRECTOR Title Title **DIRECTOR** BARKAS, CHRIS DICK, ROBERT Name Name

Address 305 SOUTH GADSDEN STREET Address 215 SOUTH MONROE STREET

Title

City-State-Zip:

DIRECTOR

TALLAHASSEE FL 32301

SUITE 300 City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32310

Title **DIRECTOR**

Name INGLESE, MARC M.D. Name JANSEN, STEPHANIE Address 1707 RIGGINS ROAD Address 1909 CAPITAL CIRCLE NE City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: TALLAHASSEE FL 32308

Title **DIRECTOR** Title **DIRECTOR** KELLEY, ANNIE Name Name

SOKOLOW, DENA 8020 LANTERN LIGHT RD. Address Address 101 N. MONROE STREET, SUITE 925 City-State-Zip: TALLAHASSEE FL 32312

Title DIRECTOR

Title **DIRECTOR** BROWN, MONESIA Name

Name CROWELL, ANGELO Address 1700 NORTH MONROE STREET, SUITE 11-119 Address P.O. BOX 38203

City-State-Zip: TALLAHASSEE FL 32303 City-State-Zip: TALLAHASSEE FL 32315

DIRECTOR Title Title **DIRECTOR**

Name HUNT, GANNON Name REDDING, LESLIE Address 7705 MCCLURE DRIVE P.O. BOX 13735 Address

City-State-Zip: TALLAHASSEE FL 32312 City-State-Zip: TALLAHASSEE FL 32317