FILE NOW: FILING FEE IS \$61.25

	FILE
NONPR	OFIT
CORPOR	ATION
ANNUAL R	EPORT
199	9
DOCUMEN Corporation Name	IT#
Y.M.C.A. OF (COLLIER
Principal Place of Bus	in e ss
5450 YMCA ROAD	24100

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

FILED						
99 OCT 11	PM 12: 50					
SECRETARY	OF STATE					

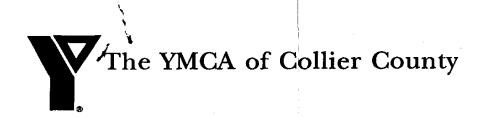
Y-M-C-A	OF COLLIER COUNTY, IN	IC.		TALLAHA, S.E, FLUK	IUA .
Principal Place 5450 YMCA R NAPLES FL 36	OAD	Mailing Address 5450 YMCA ROAD NAPLES FL 83942 34	109		
2. Principal P	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualified 05/27/1969	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		23-7039993	Not Applicable
City & Stat	e	City & State		5. Certificate of Status Desired	\$8.75 Additional
Zip	Cauran	28			Fee Required
24 34109	Country	Zip 29 34109	Country	6. Election Cempaign Financing	\$5.00 May Be
241 5410.	9. Name and Address of Curre	nt Registered Agent	301	10. Name and Address of New Register	Added to Fees
			81 Name		
MILLER, I	KEVIN		82 Street A	ddress (P.O. Box Number is Not Acceptable)	
YMCA OF	COLLIER COUNTY, INC			action (cc. oc. Homes with receptable)	
5450 YM0			83		
NAPLES I	FL 33942 34109		84 City		. 85 Zip Code
11. Pursuant	to the arminion of Sections 617 DE	12 and 647 4500 Flands Contra		ļ.	L 85 Zip Code 34109
SIGNATURE	Signature, typed or printed name of registered age	INT and the fi applicable. (NOTE:	de Statutos. Registered Agent signatura req	orporation submits this statement for the purpose ation's board of directors. I hereby accept the apulation when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE	D	Change Addition
NAME	BLACK, J H		12 NAME	Black, J H	
STREET ADDRESS	3200 BAILEY LN #115 NAPLES FL		1.3 STREET ADDRESS	P.O. Box 413021	
TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Naples FL 34101=3021	☑ Change ☐ Addition
NAME	HONEYCUTT, SUKIE	Ç 7411 11	22 NAME	P Honouguet Cultin	iX ouesde □ νασιασι
STREET ADDRESS	3050 HORESHOE DR		2.3 STREET ADDRESS	Honeycutt, Sukie 1300 13th Street South	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Nanles Fl 34102	
TITLE	D	X) DELETE	3.1 TITLE		Change Addition
NAME	ANDERSON, KIM		32 NAME	Colleen Kvetko	•••
STREET ADDRESS			3.3 STREET ADDRESS	P.O. Box 413021	
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP	Naples FL 34101-3021	· · · · · · · · · · · · · · · · · · ·
TITLE	S CHINDUDGALLE 10UN	DELETE	4.1 TITLE	400003018	Change Addition
STREET ADDRESS	HUMPHREVILLE, JOHN 4501 TAMIAMI TR N		4.2 NAME	-10/19/990	วเกริ้3กเก
CITY-ST-ZIP	NAPLES FL		4.3 STREET ADDRESS	*****70.00	*****70.00
TITLE	T	DELETE	4.4 CITY-ST-ZIP B.1 TITLE		☐ Change ☐ Addition
NAME	CORNELL. ANN	X	52 NAME	Ţ	Tombe Kinner
STREET ADDRESS	2640 GOLDEN GATE PKWY		8.3 STREET ADDRESS	Ed Oates	
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP	2935 Bellflower Lane	
TITLE	D	☐ DELETE	6.1 TriLE	Naples FL 34105	Change Addition
NAME	SMARGE, J		6.2 NAME		ςY
STREET ADORESS	3861 DOMESTIC AVE		8.3 STREET ADDRESS		•
CITY-ST-ZIP	NAPLES FL 34104		6.4 City-ST-ZIP		

4. 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:

4127/99

941 - 262 - 55CC



October 7, 1999

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a copy of our Nonprofit Corporation Annual Report previously filed April 28, 1999 but not received by your office. Please accept our replacement check enclosed and reinstate our corporation.

Thank You,

Donna Fernandez Business Manager