2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2002
Secretary of State

DOCUMENT# 716619

Entity Name: YMCA OF COLLIER COUNTY, INC.

Current Principal Place of Business:

5450 YMCA ROAD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5450 YMCA ROAD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 23-7039993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, KEVIN
YMCA OF COLLIER COUNTY, INC
5450 YMCA RD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MOSSING, MARY
YMCA OF COLLIER COUNTY, INC
5450 YMCA RD
NAPLES, FL 34109 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: MARY MOSSING 09/10/2002
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: CRAIG, VIRGINIA
Address: 787 FIFTH AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete
Name: HONEYCUTT, SUKIE
Address: 1300 13TH STREET SOUTH
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete
Name: KVETKO, COLLEEN
Address: P.O. BOX 413021
City-St-Zip: NAPLES, FL 341013021

Title: D ( ) Delete
Name: HUMPHREVILLE, JOHN
Address: 4501 TAMIAMI TR N
City-St-Zip: NAPLES, FL

Title: D ( ) Delete
Name: OATES, ED
Address: 2935 BELLFLOWER LANE
City-St-Zip: NAPLES, FL 34105

Title: D (X) Delete
Name: SMARGE, J
Address: 3861 DOMESTIC AVE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: CRAIG, VIRGINIA
Address: 240 PALM WAY
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HUMPHREVILLE, JOHN
Address: 4501 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition
Name: HARRIS, SCOTT
Address: P. O. BOX 7637
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition
Name: KENT, DOT
Address: 4160 CUTLASS LANE
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN HUMPHREVILLE P 09/10/2002
Electronic Signature of Signing Officer or Director Date