2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
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:

MOSSING, MARY
YMCA OF COLLIER COUNTY, INC
5450 YMCA RD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: PHILLIPS, NATHAN
Address: 801 LAUREL OAK DRIVE SUITE 303
City-St-Zip: NAPLES, FL 34108

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

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

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

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: P ( ) Change (X) Addition
Name: CASE, CARLETON
Address: 801 ANCHOR RODE DRIVE #302
City-St-Zip: NAPLES, FL 34109

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: NATHAN PHILLIPS T 04/20/2004
Electronic Signature of Signing Officer or Director — Date