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95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724313** **(2)**

1. Corporation Name

THE GREATER DAYTONA BEACH AREA YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
825 DERBYSHIRE RD DAYTONA BEACH FL 32117	825 DERBYSHIRE RD DAYTONA BEACH FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1972
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-0638513 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOSTIC, WAYNE D. 19 MAVERICK LANE ORMOND BEACH FL 32174	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD	11 TITLE	(spelling) ☒ Change ☐ Addition
NAME	BUSTIC, WAYNE	12 NAME	Bostic, Wayne
STREET ADDRESS	19 MAVERICK LANE	13 STREET ADDRESS	19 Maverick Lane
CITY ST ZIP	ORMOND BEACH FL	14 CITY ST ZIP	Ormond Beach, Florida 32174
TITLE	VP	21 TITLE	PD ☒ Change ☐ Addition
NAME	SNELL, GREGG	22 NAME	Snell, Gregg
STREET ADDRESS	P. O. BOX 2491 N/A	23 STREET ADDRESS	~~P.O. Box 2491~~ 3590 Ocean Shore Blvd.
CITY ST ZIP	DAYTONA BEACH FL	24 CITY ST ZIP	~~Daytona Beach, Fl 32115-2491~~ Ormond Beach, FL 32174
TITLE	PD	31 TITLE	VP ☒ Change ☐ Addition
NAME	ROOT, PRESTON	32 NAME	Dr. Bob Hammond
STREET ADDRESS	P. O. BOX 2008 N/A	33 STREET ADDRESS	624 S. Ridgewood Ave.
CITY ST ZIP	ORMOND BCH. FL	34 CITY ST ZIP	Daytona Beach, Fl 32114
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	KENDALL, DAVE	42 NAME	Kendall, Dave
STREET ADDRESS	5938 TRAILWOOD DR.	43 STREET ADDRESS	827 Bayridge La.
CITY ST ZIP	PORT ORANGE FL	44 CITY ST ZIP	Port Orange, Fl 32127
TITLE	VP	51 TITLE	VP ☒ Change ☐ Addition
NAME	HAMMOND, BOB D	52 NAME	RichaRD Schwartz
STREET ADDRESS	624 S. RIDGEWOOD AVE.	53 STREET ADDRESS	101 Palmetto Ave.
CITY ST ZIP	DAYTONA BEACH FL	54 CITY ST ZIP	32114 Daytona Bch, Fl
TITLE	SD	61 TITLE	SD ☒ Change ☐ Addition
NAME	FULTON, RICHARD	62 NAME	Ed Dytko
STREET ADDRESS	960 NORTHBROOK DR.	63 STREET ADDRESS	1804 Wright Dr.
CITY ST ZIP	ORMOND BCH. FL	64 CITY ST ZIP	Daytona Beac, Fl 32117

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Wayne Bostic march 30 95 904-253-5675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Wayne Bostic MD

0003417