

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90105 001 ****61.25

DOCUMENT # 724313

1. Entity 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**

0114100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0638513**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, RANDY
 4 SUNWOOD TRAIL
 ORMOND BEACH FL 32174**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, RANDY	
STREET ADDRESS	4 SUNWOOD TRAIL	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOYLE, JOHN	
STREET ADDRESS	127 PONCE DE LEON PLACE	
CITY-ST-ZIP	PONCE INLET FL 32127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DYTKO, ED	
STREET ADDRESS	1804 WRIGHT DR	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUDLOW, BOB	
STREET ADDRESS	160 N NOVA ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	CODD, PAT	
STREET ADDRESS	804 LEMON ST	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSTWICK, JOHN	
STREET ADDRESS	5380 RIDGEWOOD AVENUE	
CITY-ST-ZIP	PORT ORANGE FL 32127	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE TEETERS	
STREET ADDRESS	825 DERBYSHIRE RD	
CITY-ST-ZIP	DAYTONA BEACH, FL. 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR - CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR - VICE CHAIRMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR - TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Randy Brown / PRESIDENT 4-29-2002 386-255-6018
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)