

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729283 (2)**

1. Corporation Name  
**YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER PEN SACOLA, FLORIDA, INC.**



Principal Place of Business <b>400 NORTH PALAFOX STREET PENSACOLA FL 32501</b>	Mailing Address <b>400 NORTH PALAFOX STREET PENSACOLA FL 32501</b>
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3. Date Incorporated or Qualified <b>04/05/1974</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-0624465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**VOGELSANG, LARRY  
C/O 410 NORTH PALAFOX ST.  
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	RENKE, ANDY	
STREET ADDRESS	1000 W MORENO ST	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DANIEL, JOHN	
STREET ADDRESS	PO BOX 12950	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRISON, JOHN	
STREET ADDRESS	70 N. BAYLEN ST.	
CITY - ST - ZIP	PENSACOLA FL 32501	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VOGELSANG, LARRY	
STREET ADDRESS	C/O 410 NORTH PALAFOX ST.	
CITY - ST - ZIP	PENSACOLA FL 32501	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WINSLETT, DON	
STREET ADDRESS	1013 AIRPORT BLVD	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Winslett, Don	
1.3 STREET ADDRESS	1013 Airport Blvd.	
1.4 CITY - ST - ZIP	Pensacola, FL 32504	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Snyder, Bob	
2.3 STREET ADDRESS	P.O. Box 2189	
2.4 CITY - ST - ZIP	Pensacola, FL 32503	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Norman, Jean	
5.3 STREET ADDRESS	1000 College Blvd.	
5.4 CITY - ST - ZIP	Pensacola, FL 32504	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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.

SIGNATURE: \_\_\_\_\_ DATE: 1/6/98 (50) 432-8327

CFR2037 (10/97)