

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90039 006 ****61.25

DOCUMENT # 729283
 1. Entity Name
YOUNG MEN'S CHRISTIAN ASSOCIATION OF NORTHWEST FLORIDA, INC.



40017761



Principal Place of Business
 400 NORTH PALAFOX STREET
 PENSACOLA, FL 32501

Mailing Address
 400 NORTH PALAFOX STREET
 PENSACOLA, FL 32501

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
59-0624465

Applied For
 Not Applicable

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

02052007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

VOGELSANG, LARRY
 400 NORTH PALAFOX STREET
 PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LARRY VOGELSANG [Signature] 2/5/07
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VC	<input type="checkbox"/> Delete
NAME	PHILLIPS, PHIL	
STREET ADDRESS	1008 E. GONZOLEZ	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	C	<input type="checkbox"/> Delete
NAME	DANIEL, JOHN	
STREET ADDRESS	2040 UTICA	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	M	<input type="checkbox"/> Delete
NAME	VOGELSANG, LARRY	
STREET ADDRESS	410 N. PALAFOX	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HESS, DON	
STREET ADDRESS	585 WINDROSE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OWENS, TOM	
STREET ADDRESS	1901 E. GADSDEN ST	
CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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 exemptions contained in Chapter 119, 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: LARRY VOGELSANG [Signature] 2/5/07 (850) 438-4406 x11
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #