

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 MAY 24 PM 12:35

**DOCUMENT # 732749 (7)**

1. Corporation Name  
**YOUNG MEN'S CHRISTIAN ASSOCIATION OF LAKELAND, I NC.**

Principal Place of Business <b>3620 CLEVELAND HGHTS BLVD LAKELAND FL 33803-1997</b>	Mailing Address <b>3620 CLEVELAND HGHTS BLVD LAKELAND FL 33803-1997</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/13/1975</b>	3a. Date of Last Report <b>03/25/1994</b>
4. FBI Number <b>59-1158144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WORTMAN, W.P.  
3620 CLEVELAND HEIGHTS BLVD  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

81 Name <b>Alice Slack Collins</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3620 Cleveland Heights Blvd.</b>
83
84 City <b>Lakeland</b>
85 State <b>FL</b>
86 Zip Code <b>33803</b>

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: *Alice Slack Collins* **Alice Slack Collins** **April 17, 1995**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>BURNETTE, ROBERT B.</b>	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1824 ASHER RD.</b>	CITY-ST-ZIP <b>LAKELAND FL</b>	1.2 NAME <b>STEWART, WILLIAM W.</b>	1.3 STREET ADDRESS <b>211 Crescent Lake Ct.</b>
TITLE <b>VD</b>	NAME <b>STEWART, WILLIAM H.</b>	1.4 CITY-ST-ZIP <b>Lakeland, FL</b>	2.1 TITLE <b>VP.</b>
STREET ADDRESS <b>211 CRESCENT LAKE CT.</b>	CITY-ST-ZIP <b>LAKELAND FL</b>	2.2 NAME <b>MR. C. Douglas Tart</b>	2.3 STREET ADDRESS <b>2732 Coventry Ave.</b>
TITLE <b>SD</b>	NAME <b>RABIN, GARY S.</b>	2.4 CITY-ST-ZIP <b>Lakeland, FL 33803</b>	3.1 TITLE <b>SD</b>
STREET ADDRESS <b>2311 CLEVELAND HEIGHTS BLVD.</b>	CITY-ST-ZIP <b>LAKELAND FL</b>	3.2 NAME <b>Hodges, Steve</b>	3.3 STREET ADDRESS <b>516 Peninsular DR.</b>
TITLE <b>TD</b>	NAME <b>BRYANT, THOMAS J</b>	3.4 CITY-ST-ZIP <b>Lakeland, FL 33813</b>	4.1 TITLE <b>TD</b>
STREET ADDRESS <b>7010 KITTY FOX LANE</b>	CITY-ST-ZIP <b>LAKELAND FL</b>	4.2 NAME <b>Anderson, Tom</b>	4.3 STREET ADDRESS <b>6004 Pier Place Dr.</b>
TITLE	NAME	4.4 CITY-ST-ZIP <b>Lakeland, FL 33813</b>	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	6.4 CITY-ST-ZIP	7.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	7.2 NAME	7.3 STREET ADDRESS
TITLE	NAME	7.4 CITY-ST-ZIP	8.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	8.2 NAME	8.3 STREET ADDRESS
TITLE	NAME	8.4 CITY-ST-ZIP	9.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	9.2 NAME	9.3 STREET ADDRESS
TITLE	NAME	9.4 CITY-ST-ZIP	10.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	10.2 NAME	10.3 STREET ADDRESS

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William W. Stewart* **William W. Stewart, Chairman** **April 17, 1995** **584-1588**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number