

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **732749** (7)
1. Corporation Name
YOUNG MEN'S CHRISTIAN ASSOCIATION OF LAKELAND, I NC.



Principal Place of Business: 3620 CLEVELAND HGHTS BLVD, LAKELAND FL 33803-1997
Mailing Address: 3620 CLEVELAND HGHTS BLVD, LAKELAND FL 33803-1997

3. Date incorporated or Qualified: 05/13/1975
3a. Date of Last Report: 05/24/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1158144	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				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				10. Name and Address of New Registered Agent			
COLLINS, ALICE SLACK 3620 CLEVELAND HEIGHTS BLVD LAKELAND FL 33803				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	PD	11 TITLE	PD
NAME	STEWART, WILLIAM W	12 NAME	Tart, C. Douglas
STREET ADDRESS	211 CRESCENT LAKE CT	13 STREET ADDRESS	2732 Coventry Avenue
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	VP	21 TITLE	VP
NAME	TART, C DOUGLAS	22 NAME	Dockery, Paula
STREET ADDRESS	2732 COVENTRY AVE	23 STREET ADDRESS	P. O. Box 2646
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	Lakeland, FL 33806
TITLE	SD	31 TITLE	SD
NAME	HODGES, STEVE	32 NAME	Anderson, Tom
STREET ADDRESS	516 PENINSULAR DR	33 STREET ADDRESS	6004 Pier Place Drive
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	TD	41 TITLE	TD
NAME	ANDERSON, TOM	42 NAME	Smith, Karin D.
STREET ADDRESS	6004 PIER PLACE DR	43 STREET ADDRESS	1401 South Florida Avenue
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	Lakeland, FL 33803
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(k), 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: *C. Douglas Tart* C. Douglas Tart, Chairman 688-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 1-18-96

CR2E037 (12/95)