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Jun 02 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33803-1897

Mailing Address

3620 CLEVELAND HGHTS BLVD
LAKELAND FL 33803-4963



3. Date incorporated or Qualified
05/13/1975

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1158144

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

COLLINS, ALICE SLACK
3620 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

Alice Slack Collins, President/CBO
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TART, C. DOUGLAS	
STREET ADDRESS	2732 COVENTRY AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DOCKERY, PAULA	
STREET ADDRESS	POST OFFICE BOX 2646	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, TOM	
STREET ADDRESS	6004 PIER PLACE DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KARIN D.	
STREET ADDRESS	1401 SOUTH FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anderson, Tom	
1.3 STREET ADDRESS	6004 Pier Place Drive	
1.4 CITY-ST-ZIP	Lakeland, FL	
2.1 TITLE	Chair Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Burnette, Robert	
2.3 STREET ADDRESS	1824 Asher Road	
2.4 CITY-ST-ZIP	Lakeland, FL	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Githens, Steve	
3.3 STREET ADDRESS	611 Kerneywood	
3.4 CITY-ST-ZIP	Lakeland, FL	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Garlock, Harold	
4.3 STREET ADDRESS	1349 Scottsland Drive	
4.4 CITY-ST-ZIP	Lakeland, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (941) 644-3528

Date

Daytime Phone # 0052065

CR2E037 (9/96)