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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 LAKE LAND, I NC.



Principal Place of Business
3620 CLEVELAND HGHTS BLVD
LAKE LAND FL 33803-1897

Mailing Address
3620 CLEVELAND HGHTS BLVD
LAKE LAND FL 33803-4963

3. Date incorporated or Qualified 05/13/1975
3a. Date of Last Report 01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1158144

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, ALICE SLACK
3620 CLEVELAND HEIGHTS BLVD
LAKE LAND FL 33803

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Alice Slack Collins, President/CFO

4-24-97

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 PD DELETE
NAME TART, C. DOUGLAS
STREET ADDRESS 2732 COVENTRY AVENUE
CITY-ST-ZIP LAKE LAND FL

1.1 TITLE Chairman Change Addition
1.2 NAME Anderson, Tom
1.3 STREET ADDRESS 6004 Pier Place Drive
1.4 CITY-ST-ZIP Lakeland, FL

TITLE VP DELETE
NAME DOCKERY, PAULA
STREET ADDRESS POST OFFICE BOX 2646
CITY-ST-ZIP LAKE LAND FL

2.1 TITLE Chair Elect Change Addition
2.2 NAME Burnette, Robert
2.3 STREET ADDRESS 1824 Asher Road
2.4 CITY-ST-ZIP Lakeland, FL

TITLE SD DELETE
NAME ANDERSON, TOM
STREET ADDRESS 6004 PIER PLACE DRIVE
CITY-ST-ZIP LAKE LAND FL

3.1 TITLE Change Addition
3.2 NAME Githens, Steve
3.3 STREET ADDRESS 611 Kerneywood
3.4 CITY-ST-ZIP Lakeland, FL

TITLE TD DELETE
NAME SMITH, KARIN D.
STREET ADDRESS 1401 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKE LAND FL

4.1 TITLE Treasurer Change Addition
4.2 NAME Garlock, Harold
4.3 STREET ADDRESS 1349 Scottsland Drive
4.4 CITY-ST-ZIP Lakeland, FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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:

Alice Slack Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (941) 644-3528

Date

Daytime Phone # 0052065

CR2E037 (9/96)