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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732749** (7)

1. Corporation Name

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

Principal Place of Business

**3620 CLEVELAND HIGHTS BLVD
LAKELAND FL 33803-1997**

Mailing Address

**3620 CLEVELAND HIGHTS BLVD
LAKELAND FL 33803-1997**

3. Date Incorporated or Qualified

05/13/1975

4. FEI Number

59-1158144

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ 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 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

Alice Slack Collins

4-15-98

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 ☐ DELETE

NAME **CD
ANDERSON, TOM**
STREET ADDRESS **6004 PIER PLACE DRIVE**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **CED
BURNETTE, ROBERT**
STREET ADDRESS **1824 ASHER RD**
CITY-ST-ZIP **LAKELAND FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD
GITHENS, STEVE**
STREET ADDRESS **611 KERNEYWOOD**
CITY-ST-ZIP **LAKELAND FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD
GARLOCK, HAROLD**
STREET ADDRESS **1349 SCOTTS DALE DRIVE**
CITY-ST-ZIP **LAKELAND FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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:

Thomas J. Anderson **Thomas J. Anderson**

4-15-98

(941) 644-3528

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 9064731

CR2E037 (10/97)