


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 732749
 1. Entity Name
 YOUNG MEN'S CHRISTIAN ASSOCIATION OF WEST
 CENTRAL FLORIDA, INC.



Principal Place of Business 3620 CLEVELAND HGHTS BLVD LAKELAND, FL 33803-4963	Mailing Address 3620 CLEVELAND HGHTS BLVD LAKELAND, FL 33803-4963
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01072004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-1158144	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 COLLINS, ALICE SLACK
 3620 CLEVELAND HEIGHTS BLVD
 LAKELAND, FL 33803

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *Alice Slack Collins*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TART, DOUGLAS C PO BOX 8204 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VINING, GEOFFREY PO BOX 2525 LAKELAND, FL 33806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ENGLISH, BOB 624 CRESCENT HILL PL LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD RABIN, GARY S PO BOX 3 LAKELAND, FL 33802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MILTON, ZENAPHA 211 HAWICK DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000008601
 01/20/04-80079-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R + J C* Date: 1-14-04 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR