


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90073 025 ****61.25

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		
2. Principal Place of Business		3. Mailing Address		01232006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1158144	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, ALICE SLACK 3620 CLEVELAND HEIGHTS BLVD LAKELAND, FL 33803			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Alice Slack Collins</i>		ALICE SLACK COLLINS		1/27/2006	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TART, DOUGLAS C		NAME		
STREET ADDRESS	3620 CLEVELAND HEIGHTS BLVD		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33803		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINING, GEOFFREY		NAME		
STREET ADDRESS	3620 CLEVELAND HEIGHTS BLVD		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33803		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, BOB		NAME		
STREET ADDRESS	3620 CLEVELAND HEIGHTS BLVD		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33803		CITY - ST - ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABIN, GARY S		NAME		
STREET ADDRESS	3620 CLEVELAND HEIGHTS BLVD		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33803		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, ZENAPHA		NAME		
STREET ADDRESS	3620 CLEVELAND HEIGHTS BLVD		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33803		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Vass, Bill	
STREET ADDRESS			STREET ADDRESS	3620 Cleveland Heights Blvd.	
CITY - ST - ZIP			CITY - ST - ZIP	Lakeland, FL 33803	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Alice Slack Collins</i>		ALICE SLACK COLLINS		1-27-2006 863-644-3528	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	