## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 732749** 

FILED Mar 05, 2003 Secretary of State

Entity Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF WEST CENTRAL FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3620 CLEVELAND HGHTS BLVD LAKELAND, FL 338034963 **Current Mailing Address: New Mailing Address:** 3620 CLEVELAND HGHTS BLVD LAKELAND, FL 338034963 FEI Number: 59-1158144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COLLINS, ALICE SLACK 3620 CLÉVELAND HEIGHTS BLVD LAKELAND, FL 33803 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete TART, DOUGLAS C TART, DOUGLAS C Name: Name: PO BOX 8204 Address: PO BOX 8204 Address: City-St-Zip: LAKELAND, FL 33802 City-St-Zip: LAKELAND, FL 33802 Title: SD () Delete Title: VD (X) Change ( ) Addition VINING, GEOFFREY Name: VINING, GEOFFREY Name: Address: PO BOX 2525 Address: PO BOX 2525 City-St-Zip: LAKELAND, FL 33806 City-St-Zip: LAKELAND, FL 33806 Title: () Delete Title: SD (X) Change ( ) Addition ENGLISH, BOB ENGLISH, BOB Name: Name: Address: 624 CRESCENT HILL PL Address: 624 CRESCENT HILL PL City-St-Zip: LAKELAND, FL 33813 City-St-Zip: LAKELAND, FL 33813 ( ) Delete Title: Title: CD ( ) Change (X) Addition Name: Name: RABIN, GARY S Address: Address: PO BOX 3 LAKELAND, FL 33802 City-St-Zip: City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition MILTON, ZENAPHA Name: Name: 211 HAWICK DRIVE Address: Address: City-St-Zip: City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S RABIN CD 03/05/2003