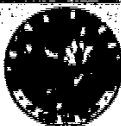


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montford
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733686 (0)

1. Corporation Name

SOUTH COUNTY FAMILY YMCA, INC.

Principal Place of Business

**701 CENTER RD.
VENICE FL 34292**

Mailing Address

**701 CENTER RD.
VENICE FL 34292**

**APPROVED
AND
FILED**

95 APR 20 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/28/1975	3a. Date of Last Report 02/08/1994
4. FEI Number 59-1629660	Applied For ☐ Not Applicable ☒
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**HOLCOMB, BRYAN
701 CENTER RD.
VENICE FL 34292**

10. Name and Address of New Registered Agent

81. Name Sharon A. Pesut
82. Street Address (P.O. Box Number is Not Acceptable) 701 Center Road
83. City Venice
84. State FL
85. Zip 34292

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Sharon A. Pesut DATE 3/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD KNOCKLES, JEFFREY 700 EL DORADO VENICE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	CD Bill Hyde 1111 S. McCall Road Englewood, FL 34223 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD HARTLEY, MICHAEL 101 W VENICE AVE VENICE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S VHLEN, SALLY 504 LYONS BAY RD NOKOMIS FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	SD Barbara Rodvik P.O. Box 1077 (N/A) Englewood, FL 34295 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MD HOLCOMB, BRYAN 701 CENTER ROAD VENICE FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	VD Michael Miller 1501 Waterford Drive Venice, FL 34292 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PHILLIPS, GERALD 825 S TAMMAM TR VENICE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	D Herbert Hanchey 400 Hanchey Drive Nokomis, FL 34275 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	VD Jeannette Hanchey 400 Hanchey Drive Nokomis, FL 34275 ☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Michael J. Hartley **MICHAEL J. HARTLEY, TREAS.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/30/95 (013)485-8220
Date and Phone #