FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 733686 (0)

1. Corporation Name
SOUTH COUNTY FAMILY YMCA, INC.

Principal Place of Business	Mailing Address
701 CENTER RD. VENICE FL 34292	701 CENTER RD. VENICE FL 34292

3. Date Incorporated or Qualified: 08/28/1975
3a. Date of Last Report: 04/20/1995

2. Principal Place of Business	2a. Mailing Address
21 Sharon Pesut	26 Sharon Pesut
Suite, Apt. #, etc. 22 701 Center Road	Suite, Apt. #, etc. 27 701 Center Road
City & State 23 Venice, FL	City & State 28 Venice, FL
Zip 24 34292 Country 25 Sarasota	Zip 29 34292 Country 30 Sarasota

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PESUT, SHARON A
701 CENTER ROAD
VENICE FL 34292

10. Name and Address of New Registered Agent

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: Sharon A Pesut — Executive Director — 4-17-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HYDE, BILL 1111 S MCCALL ROAD ENGLEWOOD FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VD Vihlen, Sally 504 Lyons Bay Road Nokomis, FL 34275	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARTLEY, MICHAEL 101 W VENICE AVE VENICE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RODVIK, BARBARA P O BOX 1077 N/A ENGLEWOOD FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SD Joseph Ferretti 433 Harbor Drive Venice, FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, MICHAEL 150 WATERFORD DRIVE VENICE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	CD Michael Miller 150 Waterford Drive Venice, FL 34292	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANCHEY, HERBERT 400 HANCHEY DRIVE NOKOMIS FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HANCHEY, JEANNETTE 400 HANCHEY DRIVE NOKOMIS FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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 119.07(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: Sharon A Pesut — 4-17-96 — (941) 493-6130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #