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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **733686** **(0)**

1. Corporation Name

SOUTH COUNTY FAMILY YMCA, INC.

Principal Place of Business	Mailing Address
PESUT, SHARON 701 CENTER ROAD VENICE FL 34292 US	PESUT, SHARON 701 CENTER ROAD VENICE FL 34292-3808 US

3. Date Incorporated or Qualified: 08/28/1975
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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	10. Name and Address of New Registered Agent
PESUT, SHARON A 701 CENTER ROAD VENICE FL 34292	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* *Sharon a Pesut* DATE *1/28/97*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	VIHLEN, SALLY		1.2 NAME	Bill Collier	
STREET ADDRESS	504 LYONS BAY ROAD		1.3 STREET ADDRESS	217 Chardin Drive	
CITY-ST-ZIP	NOKOMIS FL		1.4 CITY-ST-ZIP	Nokomis FL	
TITLE	TD	☐ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	HARTLEY, MICHAEL		2.2 NAME	Debbie Berg	
STREET ADDRESS	101 W VENICE AVE		2.3 STREET ADDRESS	P.O. Drawer 725 "N/A"	
CITY-ST-ZIP	VENICE FL		2.4 CITY-ST-ZIP	~~Venice FL~~	
TITLE	SD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	FERRETTI, JOSEPH		3.2 NAME	Ferretti, Joseph	
STREET ADDRESS	433 HARBOR DRIVE		3.3 STREET ADDRESS	433 Harbor Drive Venice FL	
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, MICHAEL		4.2 NAME		
STREET ADDRESS	150 WATERFORD DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HANCHEY, HERBERT		5.2 NAME		
STREET ADDRESS	400 HANCHEY DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HANCHEY, JEANNETTE		6.2 NAME		
STREET ADDRESS	400 HANCHEY DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* *Sharon a. Pesut* *1/28/97*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *(941) [illegible]* 0064633