2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#733686

Entity Name: SOUTH COUNTY FAMILY YMCA, INC.

FILED Feb 12, 2004 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
MODZELEWSKI, KENNETH 701 CENTER ROAD VENICE, FL 34292 US					MODZELEWSKI, KENNETH 701 CENTER ROAD VENICE, FL 34285 US			
Current Mailing Address:					New Mailing Address:			
MODZELEWSKI, KENNETH 701 CENTER ROAD VENICE, FL 34292 US				MODZELEWSKI, KENNETH 701 CENTER ROAD VENICE, FL 34285 US				
FEI Number:	59-1629660	FEI Num	ber Applied For()	FEI Nun	nber Not Appli	icable ()	Certific	ate of Status Desired (X)
Name and	Address of	Current R	egistered Agent:		Name and	Address o	f New Reg	gistered Agent:
MODZELEV 701 CENTE VENICE, FL		NETH S US			MODZELEV 701 CENTE VENICE, FI	ER RÓAD	INETH S	
The above in the State		y submits th	is statement for the pu	rpose o	f changing it	s registere	d office or i	registered agent, or both,
SIGNATURE: KENNETH MODZELEWSKI							(02/12/2004
	Electro	onic Signatı	re of Registered Agen	ıt				Date
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D (KLINGBEIL, F 341 W. VENIC VENICE, FL 3	CE AVE.			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	C (HAMMETT, FI 704 VALENCI VENICE, FL 3	IA ROAD			Title: Name: Address: City-St-Zip:	PC HAMMETT, 704 VALENO VENICE, FL	CIA ROAD	() Addition
Title: Name: Address: City-St-Zip:	T (KUHLMAN, JII 160 POINT LO VENICE, FL	OOP DRIVE			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	S (FISHMAN, WI 200 NOKOMIS VENICE, FL 3	S AVE S.			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title: Name: Address: City-St-Zip:	VC/D (APPELL, RICI 2155 S. TAMI VENICE, FL 3	AMI TRAIL			Title: Name: Address: City-St-Zip:		() Change	() Addition
Title:	D () Delete			Title:	С	(X) Change	() Addition

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.

Name:

Address:

City-St-Zip:

HAZELTINE, MICHELLE

2695 CURRY LANE NOKOMIS, FL 34275

SIGNATURE: MICHELLE HAZELTINE C 02/12/2004

HANCHEY, JEANNETTE

400 HANCHEY DRIVE

NOKOMIS, FL 34275

Name:

Address:

City-St-Zip: