2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005
Secretary of State

DOCUMENT# 733686

Entity Name: SOUTH COUNTY FAMILY YMCA, INC.

Current Principal Place of Business:

MODZELEWSKI, KENNETH
701 CENTER ROAD
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

MODZELEWSKI, KENNETH
701 CENTER ROAD
VENICE, FL 34285 US

New Mailing Address:

FEI Number: 59-1629660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MODZELEWSKI, KENNETH S
701 CENTER ROAD
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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:

Title:	D	( ) Delete
Name:	KLINGBEIL, ROBERT	
Address:	341 W. VENICE AVE.	
City-St-Zip:	VENICE, FL 34285	
Title:	PC	( ) Delete
Name:	HAMMETT, FRED	
Address:	704 VALENCIA ROAD	
City-St-Zip:	VENICE, FL 34285	
Title:	T	( ) Delete
Name:	KUHLMAN, JIM	
Address:	160 POINT LOOP DRIVE	
City-St-Zip:	VENICE, FL 34293	
Title:	S	( ) Delete
Name:	FISHMAN, WENDY	
Address:	200 NOKOMIS AVE S.	
City-St-Zip:	VENICE, FL 34284	
Title:	VC/D	( ) Delete
Name:	APPELL, RICHARD	
Address:	2155 S. TAMIAMI TRAIL	
City-St-Zip:	VENICE, FL 34293	
Title:	C	( ) Delete
Name:	HAZELTINE, MICHELLE	
Address:	2695 CURRY LANE	
City-St-Zip:	NOKOMIS, FL 34275	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MICHELLE HAZELTINE C 03/17/2005

Electronic Signature of Signing Officer or Director — Date