AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90016 025 ****61.25

DOCUMENT # 738633

1. Corporation Name

TAMPA METROPOLITAN AREA YMCA, INC.

Principal Place of Business	Mailing Address
110 E OAK AVE P.O. BOX 172428 TAMPA FL 33672-7428	110 E OAK AVE P.O. BOX 172428 TAMPA FL 33672-7428

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/11/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1742909 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MANGIONE, RALPH P WILLIAMS, REED, WEINSTEIN, ET AL 1 TAMPA CITY CTR #2600 TAMPA FL 33602	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 _____ DATE
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	D	☒ DELETE	1.1 TITLE	Chairman D	☒ Change ☐ Addition
NAME	IVEY, JAMES		1.2 NAME	Guy King	
STREET ADDRESS	110 E OAK AVE		1.3 STREET ADDRESS	110 E Oak Ave	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, Fl	
TITLE	D	☒ DELETE	2.1 TITLE	Vice Chairman D	☒ Change ☐ Addition
NAME	KING, GUY		2.2 NAME	Bet Snyder	
STREET ADDRESS	101 S FRANKLIN ST		2.3 STREET ADDRESS	110 E Oak Ave	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, Fl	
TITLE	D	☒ DELETE	3.1 TITLE	Secretary D	☒ Change ☐ Addition
NAME	SNYDER, BET		3.2 NAME	Virginia Johnson	
STREET ADDRESS	3308 SIERRA CIRCLE		3.3 STREET ADDRESS	110 E Oak Ave	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, Fl	
TITLE	D	☒ DELETE	4.1 TITLE	Treasurer D	☒ Change ☐ Addition
NAME	CULBREATH, LEE H.		4. 2 NAME	David Brownlee	
STREET ADDRESS	425 N FLORIDA AVE		4.3 STREET ADDRESS	110 E Oak Ave	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, Fl	
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GILBERTSON, JR., ROBERT		5.2 NAME		
STREET ADDRESS	110 E OAK AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: _____ 7/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #