FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:26

DOCUMENT # N23117 (7)

1. Corporation Name
HIGHLANDS COUNTY FAMILY Y.M.C.A., INC.

Principal Place of Business	Mailing Address
3200 U.S. 27 SOUTH, ST. 400A SEBRING FL 33870	P.O. BOX 1952 SEBRING FL 33871-1952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1987
3a. Date of Last Report: 09/08/1994
4. FEI Number: 59-2859656 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 275 POMEGRANATE
22 Suite, Apt. #, etc.
23 City & State: Sebring, FL
24 Zip: 33870 25 Country: HIGHLANDS

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F.
129 SOUTH COMMERCE AVENUE
SEBRING FL 33870

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 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE	TD	☒ Change ☐ Addition
NAME	SHOOP, JOHN C	12 NAME		
STREET ADDRESS	1901 LAKEVIEW DR.	13 STREET ADDRESS		
CITY-ST-ZIP	SEBRING FL 33870	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	PD	☒ Change ☐ Addition
NAME	STEPHENSON, TRES	22 NAME	MARY BIRGE	
STREET ADDRESS	113 MIDWAY DR.	23 STREET ADDRESS	1 CR 621 EAST	
CITY-ST-ZIP	SEBRING FL 33870	24 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	GRAF, PAT	32 NAME	STEVE BENNETT	
STREET ADDRESS	601 U.S. 27 S.	33 STREET ADDRESS	111 LAKEFRONT NW	
CITY-ST-ZIP	AVON PARK FL 33825	34 CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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: _____ JOHN C. SHOOP, TRUS. 2/10/95 813-382-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0888358