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May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N23117 (7)

1. Corporation Name

HIGHLANDS COUNTY FAMILY Y.M.C.A., INC.

Principal Place of Business

275 POMEGRANATE
SEBRING FL 33870
US

Mailing Address

P.O. BOX 1952
SEBRING FL 33871-1952



3. Date Incorporated or Qualified
10/22/1987

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

21 100 YMCA Lane

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State.
Sebring, FL

27 City & State

24 Zip
33872

25 Country
USA

28 Zip

30 Country

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

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS SHOOP, JOHN C
CITY-ST-ZIP 1901 LAKEVIEW DR.
SEBRING FL

TITLE ☒ DELETE
NAME PD
STREET ADDRESS MECHLIN, JEFF
CITY-ST-ZIP 98 NORTH FOREST AVENUE
AVON PARK FL

TITLE ☒ DELETE
NAME SD
STREET ADDRESS BENNETT, STEVE
CITY-ST-ZIP 111 LAKE FRONT NW
LAKE PLACID FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TD ☐ Change ☒ Addition
2.2 NAME ROBIN L. GOSE
2.3 STREET ADDRESS 669 S. COMMERCE AVE
2.4 CITY-ST-ZIP Sebring FL 33870

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME ALAN HOLMES
3.3 STREET ADDRESS 228 S. COMMERCE AVE
3.4 CITY-ST-ZIP SEBRING FL 33870

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)