

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # N23117

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



Principal Place of Business
**100 YMCA LN
SEBRING, FL 33872 US**

Mailing Address
**100 YMCA LN
SEBRING, FL 33872 US**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2859656

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWAINE, MICHAEL J
3425 S COMMERCE AVENUE
SEBRING, FL 33870**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000122772
04/21/04-80042-007 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SHOOP, JOHN C 2600 US HWY 27 N SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, CHARLES PO BOX 267 AVON PARK, FL 33826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STEPHENSON, TRES 113 MIDWAY DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BENTON, TRUDY 1901 US HIGHWAY 27 S SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2004 (863) 382-9622
Date Daytime Phone #