

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732749

FILED
Jan 22, 2013
Secretary of State
CC6355650867

Entity Name: YOUNG MEN'S CHRISTIAN ASSOCIATION OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 33803-4963

Current Mailing Address:

3620 CLEVELAND HGHTS BLVD
LAKELAND, FL 33803-4963

FEI Number: 59-1158144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLLINS, ALICE SLACK
3620 CLEVELAND HEIGHTS BLVD
LAKELAND, FL 33803 US

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

Officer/Director Detail :

Title TD
Name DORMAN, BILL
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803

Title D
Name VINING, GEOFFREY
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803

Title VCD
Name ENGLISH, BOB
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803

Title CD
Name CROWELL, MICHAEL
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803

Title SD
Name BURNETTE, ROBERT
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803

Title D
Name STEWART, BILL
Address 3620 CLEVELAND HEIGHTS BLVD
City-State-Zip: LAKELAND FL 33803

Title D
Name BOLES, DAVID
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title D
Name BUTZ, ROBIN
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

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I hereby 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 all other like empowered.

SIGNATURE: ROBERT BURNETTE

SD

01/22/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name COOK, KEVIN
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title D
Name DAUGHTREY, KATIE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title D
Name MILTON, ZENAPHA
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title D
Name RINCON, GILBERT
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title D
Name CURRY, DAVE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title D
Name GREEN, MATT
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title D
Name RABIN, GARY
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963

Title D
Name THOMPSON, ELAINE
Address 3620 CLEVELAND HGHTS BLVD
City-State-Zip: LAKELAND FL 33803-4963