

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732749

**Entity Name:** YOUNG MEN'S CHRISTIAN ASSOCIATION OF WEST CENTRAL FLORIDA, INC.**FILED**  
**Jan 22, 2013**  
**Secretary of State**  
**CC6355650867****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

**Continues on page 2**

*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