

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732749

**FILED**  
**Jan 05, 2022**  
**Secretary of State**  
**9817903466CC**

**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: Yes**

**Name and Address of Current Registered Agent:**

THOMPSON, ELAINE  
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: ELAINE THOMPSON**

**01/05/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title CHAIRMAN  
Name LEFRANCOIS, BEN  
Address 3620 CLEVELAND HGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

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

Title DIRECTOR  
Name HOOKS, HAMILTON  
Address 3620 CLEVELAND HGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

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

Title DIRECTOR  
Name MILLER, J.J.  
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: ELAINE C. THOMPSON**

**CEO**

**01/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OSLER KILPATRICK, TIFFANY  
Address 3620 CLEVELAND HGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR  
Name TOADVINE, NICK  
Address 3620 CLEVELAND HGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

Title VC  
Name MCGEE, MIKE  
Address 3620 CLEVELAND HEIGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR  
Name KOHL, DIONNE  
Address 3620 CLEVELAND HGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR  
Name LEPERE, TERRI  
Address 3620 CLEVELAND HGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

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

Title SECRETARY  
Name DECKER, AMY  
Address 3620 CLEVELAND HEIGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

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

Title DIRECTOR  
Name NUTTALL, ALICE  
Address 3620 CLEVELAND HGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963

Title DIRECTOR  
Name LENDERMAN, JEFF  
Address 3620 CLEVELAND HGHTS BLVD  
City-State-Zip: LAKELAND FL 33803-4963