

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000010622

**Entity Name:** FLORIDA STATE ALLIANCE OF YMCAS, INC.**Current Principal Place of Business:**415 N TARRAGONA ST, SUITE B  
PENSACOLA, FL 32501**Current Mailing Address:**415 N TARRAGONA ST, SUITE B  
PENSACOLA, FL 32501 UN**FEI Number:** 45-3806647**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENBAUM, TODD A  
415 N TARRAGONA ST, SUITE B  
PENSACOLA, FL 32501 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	D
Name	GOYER, G SCOTT
Address	2469 ENTERPRISE RD
City-State-Zip:	CLEARWATER FL 33763

Title	D
Name	LOVE, CINDY
Address	101 SAND HILL ST
City-State-Zip:	MARCO ISLAND FL 34145

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

Title	D
Name	BUESING, ROBERT H
Address	101 E KENNEDY BLVD, SUITE 2700
City-State-Zip:	TAMPA FL 33602

Title	D
Name	LOOBY, TOM
Address	110 E OAK AVENUE
City-State-Zip:	TAMPA FL 33602

Title	EXECUTIVE DIRECTOR
Name	ROSENBAUM, TODD
Address	415 SUITE B NORTH TARRAGONA STREET
City-State-Zip:	PENSACOLA FL 32501

*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:** TODD ROSENBAUM**EXECUTIVE DIRECTOR****05/02/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date