FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 703515 (7)

1. Corporation Name

YOUNG MENS CHRISTIAN ASSOCATION OF FLORIDA'S EMERALD COAST, INC.

Principal Place of Business	Mailing Address
1127 HOSPITAL ROAD FT.WALTON BEACH FL 32547-6741	1127 HOSPITAL ROAD FT.WALTON BEACH FL 32547-6741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1962
3a. Date of Last Report: 07/13/1994
4. FEI Number: 59-0978077 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LUKASZEWSKI, JOSEPH A.
1127 HOSPITAL ROAD
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joseph A. Lukaszewski — 4/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NABORS, JIM	1.2 NAME	Nabors, Jim	
STREET ADDRESS	17 LONGWOOD DR.	1.3 STREET ADDRESS	17 Longwood Dr	
CITY-ST-ZIP	SHALIMAR FL	1.4 CITY-ST-ZIP	Shalimar, Fl	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, FRANK	2.2 NAME		
STREET ADDRESS	5 GARNER POST RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	WATERFIELD, BEN	3.2 NAME	Waterfield, Ben	
STREET ADDRESS	729 VINTAGE CIRCLE	3.3 STREET ADDRESS	729 Vintage Circle	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Destin, Fl	
TITLE	PD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	GUIN, EILEEN	4.2 NAME	Guin, Eileen	
STREET ADDRESS	424 MARY ESTHER CUT-OFF	4.3 STREET ADDRESS	424 Mary Esther Cut-Off	
CITY-ST-ZIP	FT. WALTON BEACH FL	4.4 CITY-ST-ZIP	Fort Walton Beach, Fl	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, MATT	5.2 NAME		
STREET ADDRESS	P.O. BOX 1226 N/A	5.3 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP		
TITLE	CEO	6.1 TITLE		☐ Change ☐ Addition
NAME	LUKASZEWSKI,JOSEPH A.	6.2 NAME		
STREET ADDRESS	1127 HOSPITAL ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT.WALTON BCH. FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Matt Burns 4/19/95 837-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071818