FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

703515

(7)

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

RALD	COAST, INC.								
Principal Place of Business		Mailing Address					DI BIRLANKA BIBLADIDI		
1127 HOSPITAL ROAD									
FT.WALTON BEACH FL 32547-6741		1127 HOSPITAL ROAD FT.WALTON BEACH FL 32547-6741			ļ				
							·		
					ļ ;	 Date Incorporated or Qualified 01/25/1962 	3a. Date of	Last Report 9/1995	
Principal Place of Business 2a. Mailing Address						4. FEI Number	1 07/		
21 26						59-0978077		Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							¢s	3.75 Additional	
27					'	5. Certificate of Status Desired		Fee Required	
City & Stat	City & State	. State			8. Election Campaign Financing	_ \$	5.00 May Be		
23	28					Trust Fund Contribution		Idded to Fees	
Zip	Country	Zip Country			1.	This corporation has liability for		er s. 199,032,	
24	4 25 29 3 9. Name and Address of Current Registered Agent				Florida Statutes Yes No				
		81 Name		10. Name and Address of New Registered Agent					
HIKASZ	ZEWSKI, JOSEPH A.								
1127 HOSPITAL ROAD				82 Street	t Address (ddress (P.O. Box Number is Not Acceptable)			
FT. WALTON BEACH FL 32548 32547				83					
		•							
			i	B4 City			FI 85	Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the number of changing its registered corporation.								its registered office	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.									
SIGNATURE J. A. Lukaszewski, General Director 4-24-96									
	Signature, typed or printed name of registered agent a	and title if applicable. (NO	Agent signature	required when	reinstating)	DATE			
12.	OFFICERS AND		13.		,	ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12	
TITLE	NABORS, JIM	DELETE	1.1 TET				☐ Cha	nge 🔲 Addition	
NAME DESCRIPTION	17 LONGWOOD DR.		1.2 NAME						
STREET ADDRESS	SHALIMAR FL			1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	TD	[TOELETE	1.4 CIT	Y-ST-ZIP					
NAME	ROBERTS, FRANK		2.1 III 2.2 NA		TD		☐ Cha	nge 🛅 Addition	
STREET ADDRESS	5 GARNIER POST RD.			me Reet address		k Shoff			
CITY - ST - ZIP	FT WALTON BEACH FL					225 Nature's Trail			
TITLE	VD			2. 4 CITY-ST-ZIP		Walton Beach, FL	. 32548 ∏Cha	nge	
NAME	WATERFIELD, BEN		3.2 NA				£ 5/10	[] MUUNUNI	
STREET ADDRESS	729 VINTAGE CIRCLE			REET ADDRESS					
CITY-ST-ZIP	DESTIN FL			TY-ST-ZIP					
TITLE	D	DELETE	4.1 1(1		VD		Cha	nge Addition	
NAME	guin, eileen		4. 2 NA	ME	Tom	Rappazini			
STREET ADDRESS	424 MARY ESTHER CUT OFF		4.3 ST	REET ADORESS		Main Street		İ	
CITY-ST-ZIP	FORT WALTON BEACH FL		4.4 CIT	Y-ST-ZIP		in. FL 32541			
TITLE	PD DUDNO MATT	DELETE	5.1 TIT	LE	SD	3	Chai	nge 🙀 Addition	
NAME	BURNS, MATT		5.2 NA	ME	Dave	Henderson			
STREET ADDRESS	P.O. BOX 1226 N/A		5.3 STF	ieet address	4	Pine Street		1	
CITY-ST-ZIP	DESTIN FL CEO	Finerese		Y-ST-ZIP		in, FL 32541			
TITLE	LUKASZEWSKI,JOSEPH A.	DELETE	6.1 TIT			•	Char	ige 🔲 Addition	
NAME CIRCU ADDRESS	1127 HOSPITAL ROAD		6.2 NA		Ī			ļ	
STREET ADDRESS	FT.WALTON BCH. FL			REET ADDRESS				Ì	
CITY-ST-ZIP	FINALIUN DUR. FL		6.4 CIT	Y-ST-ZIP	<u> </u>				

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)(k), 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 reserver 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 or an attachment with an address.

SIGNATURE

J. A. Lukaszevski

904-863-9622